INTERNATIONAL RESCUE COMMITTEE (IRC)

CHILD SURVIVAL AND HEALTH GRANTS PROGRAM

"BETTER FUTURE, BETTER LIVES: REDUCING CHILD AND MATERNAL MORTALITY IN LIBERIA"

Lofa and Montseraddo County, Liberia

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1ST ANNUAL REPORT

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IRC Liberia
Aitor Sanchez Lacomba, Country Director
Tubman Boulevard, Congo Town
Opposite Zone 3 Police Station
Monrovia, Liberia
Tel: + 231 (0) 886 390 000
Email:
Aitor.SanchezLacomba@rescue.org

IRC New York
Paul Taylor, Regional Programs Director
122 E 42nd Street
New York, NY 10168-1289
Tel:1 212 551 0989
Email: paul.taylor@rescue.org

LIST OF PARTICIPANTS WHO WROTE/EDITED THE ANNUAL REPORT

NAME, POSTION & TITLE

1. Perera, Dhammika, IRC, Senior Technical Advisor – Reproductive Health
2. Hesel, Kate, IRC, Reproductive Health Program Manager
3. Patterson, Andrea, IRC Liberia, Health Project Coordinator
4. Kahi, Vincent, IRC Liberia, Senior Health Coordinator
5. Pepper, Sarah, IRC Liberia, Grants Manager
6. McGinn, Therese, Columbia, Associate Professor of Clinical Population & Family Health
7. Bee, Ernree M., PPAL, Program Manager
8. Horace, Stephen, PPAL, Program Coordinator
9. Williams, Parker, IRC New York, Program Manager

I. KEY PROGRESS AND MAIN ACCOMPLISHMENTS

Through the *Better Futures, Better Lives: Reducing Child and Maternal Mortality in Liberia* project, the IRC is working with the Ministry of Health and Social Welfare (MOHSW), the Planned Parenthood Association of Liberia (PPAL), and Columbia University to implement and test interventions that increase awareness, availability, accessibility, and quality of integrated Maternal and Child Health (MCH), Immunization and Family Planning (FP) services at the community and health facility level.

The *Better Futures, Better Lives* project has the following project goal, strategic objectives, and levels of effort for each intervention area:

Project Goal: Reduce maternal and child mortality in target communities in Liberia.
Strategic Objective 1: To increase contraceptive uptake, utilization and continuation through integration with maternal, neonatal and child health (MNCH)/Expanded Program on Immunization (EPI) services in the targeted communities in Lofa and Montserrado Counties.
Strategic Objective 2: To support evidence based policies and programs on MNH/EPI and FP services in Liberia.
Interventions: MNCH (50%), FP 25%, Immunization 25% LOE

The first year of implementation was focused largely on project start up processes such as formalizing relationships with the government and partners; developing technical materials such as training tools, job aids, M&E plans and tools, behavior change communication (BCC) and information, education and communication (IEC) materials; revising and updating the Strategic Workplan (SW) and Operations Research protocol; recruiting Community Health Volunteers (CHVs); officially launching the program in Lofa and Montserrado Counties; and conducting the initial trainings for the program. Additionally, the Knowledge Practice and Coverage (KPC) survey baseline indicators were developed in collaboration with maternal and child health integrated program (MCHIP) and the assessment was carried out.

Below are key accomplishments achieved during the reporting period:

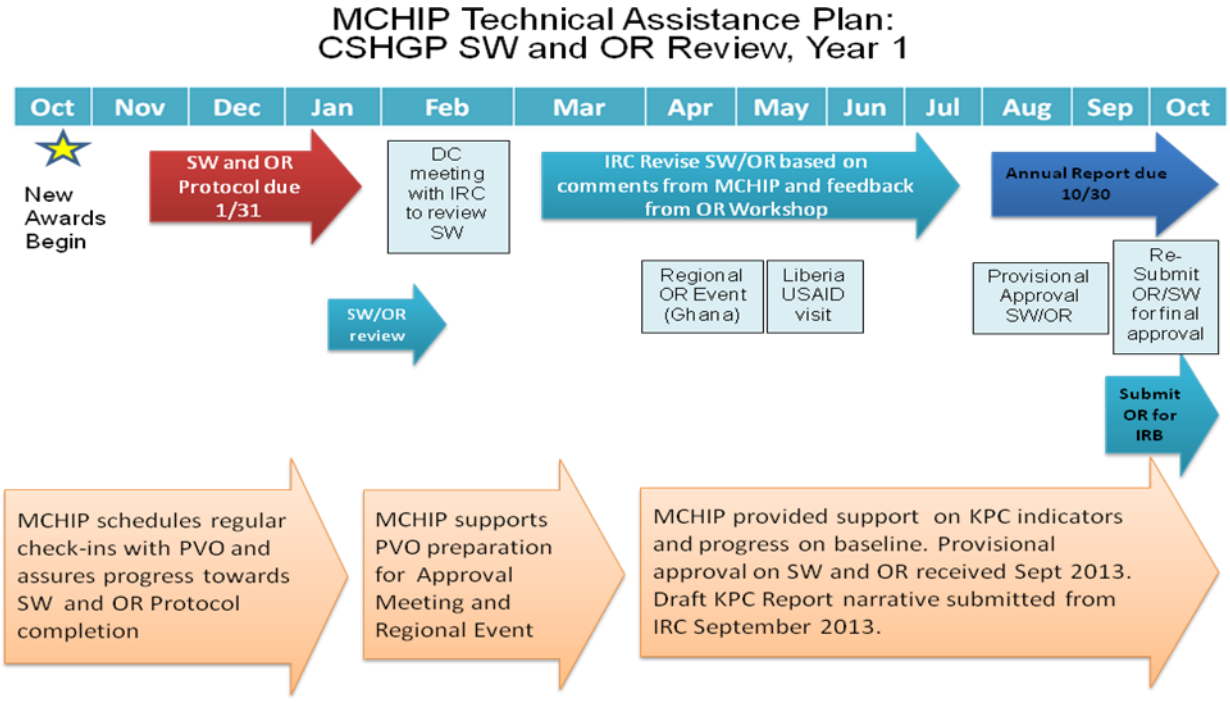
- Revision and resubmission of the project's SW and OR;
- Submission of OR protocol for IRB in Liberia and at Columbia University
- A baseline KPC survey was conducted by external consultant
- A total of 88 health staff have been trained in long acting reversible contraceptive (LARC) and FP-EPI integration (69 in LARC and 19 in FP- EPI integration);
- 86 CHV have been trained on the first module of community based family planning (including awareness raising on FP/MNH/EPI and provision of condoms and oral contraceptive pills) in Lofa and Montserado Counties.
- 26 CHVs trained on community based provision of depot medroxyprogesterone acetate DMPA;

- 12,362 Couple Years of Protection (CYP) were provided at the eight facility catchment areas. These included 9,221 CYP at the health facilities and 3,141 CYP in the communities by CHVs;
- The IRC held project launch meetings with stakeholders at multiple levels including community leadership, targeted health facilities, County Health authorities and centrally with the Family Health Division at MOHSW;
- Various collaborations were established with other partners including MCHIP, APC/JSI, MoHSW, County Health Teams (CHT) in Lofa and Montserado, the USAID DELIVER project and other IRC health projects in the same locations;
- An EPI training for 35 participants (18 clinical staff and 17 CHVs) was conducted.

Additional details on the key progress and main accomplishments are listed below:

The Strategic Workplan (SW) and Operations Research (OR) protocol received *provisional* approval in September 2013. The first draft of the SW and OR were submitted to USAID in January 2013. Since then the documents underwent a series of reviews. In April, the IRC senior health coordinator, project coordinator, monitoring and evaluation coordinator and Columbia University principle investigator attended the USAID OR workshop in Accra, Ghana. Based on information from the workshop, the documents were revised and resubmitted in August 2013. In September, the IRC received provisional approval and was required to make a few adjustments to the M&E plan. In early October the documents were resubmitted to USAID for final approval. Please see below a table illustrating the review process and MCHIP's technical assistance plan:

Figure 1: MCHIP's Technical Assistance Plan



The project recruited key technical staff at the outset of the program and held introductory meetings with PPAL and Columbia to discuss recruitment and staffing. The IRC project team collaborated with the CHT and DHT to select the CHVs. In each community, CHCs gathered to select the CHVs, taking into consideration the volunteer's ability to perform in the role. Members of the CHCs included community chiefs, leaders, youth leaders, women leaders as well as other members from each community. The CHC submitted the recommendations to the CHDC, comprised of a chairman elected by OIC's, CMs, Trained Traditional Midwives (TTMs), CHVs and CBDs, who was then responsible for ensuring the CHVs were registered by the MoHSW in line with the MoHSW's community health policy. IRC provided oversight during both the selection from the CHC and the final approval from the CHDC. In total, 86 CHVs were recruited. Thirty-two of these CHVs had previously been recruited and trained under the World Learning funded CBA2I pilot project and 54 new CHVs (40 in Lofa and 14 in Montserrado) were selected. Overall there are 60 CHVs covering five districts in Lofa and 26 CHVs in Montserrado covering five communities in the James Davis Junior (JDJ) Hospital catchment area. This is a slight increase in the targeted number of 80 CHVs in the project strategic workplan, however it is anticipated that after the practicum session for the injectables training and during the periodic refresher trainings, the number of CHVs may decrease, as some of them may not pass the knowledge/competency tests for providing injectables.

During the project initiation, the project team met with officials from MoHSW, MoE, CHTs in Lofa and Montserrado and other stakeholders to introduce the project. In January 2013, a workshop was held with key partners and stakeholders to review progress from the World Learning pilot program and present key objectives and activities on the grant. In March 2013, the IRC and PPAL officially launched the program in Lofa County though a one day workshop inviting partners and beneficiaries who will be involved in the implementation of the project.

Throughout the project start up phase, IRC was able to design an extensive data management plan to better track and understand the services provided for clients. IRC Liberia is currently working closely with M&E and epidemiology colleagues in IRC HQs to create a comprehensive database that will capture many different fields per client, facility data, CHV data, as well as other vital information such as safety and effectiveness, supervision reports and FP compliance. To ensure consistent definitions, all staff have received a training detailing the program definitions and the IRC project staff conducted regular outreach to MoHSW staff supporting the program, to ensure all data elements and definitions are clear. The goal of the database is to generate key information to understand clients, uptake, effectiveness, increase or added services and to inform program design and activities. The IRC will regularly share data with the MoHSW during the monthly RHTC meetings, as well as with other partners and beneficiaries and will be able to generate data sets upon request. The underlying guideline for data collection and dissemination has been that no confidential or identifying variables are shared (unless with consent of the client).

To document the status of project indicators prior to intensification of project activities, the IRC hired an independent evaluation center to conduct a KPC survey. It is anticipated that an endline KPC survey will be completed at the end of the project period for comparison with baseline survey values and to measure project outcomes. A total of 21 students from the Esther Becon School of nursing and midwifery were selected to serve as data collectors for the baseline survey, while five IRC staff acted as supervisors during the exercise. The data collectors received a five day orientation on the tools (household questionnaire, adolescent girl's questionnaire and men focus group discussion questionnaire) before their deployment in the communities for eight days of data collection.

The finding of this survey is yet to be known but the baseline will provide local information about the population targeted by project interventions and set benchmarks against which population based outcomes from the project interventions will be assessed. The baseline also collected data from relevant service centers like hospitals, PHCs, schools and from community based providers specifically the CHVs (general and TBAs) in the five catchment communities covered by the project in Lofa County.

Results from the baseline will also be used to inform appropriate target setting for project indicators and provide an evidence base to track progress throughout the three year implementation period. See Annex 7 for the baseline technical narrative and indicators.

In the initial period of year one, the IRC finalized all training materials, job aids, tools, supervision tools, referral forms, and FP ledgers which were subsequently adopted by the MoHSW (FHD adopted the CHV FP job aid on counseling, pills and condoms). The information provided by the K4health website greatly contributed to the tools adopted for the project. In November 2012, the IRC worked alongside the RBHS program and the FHD to hold a workshop to disseminate lessons learned from the pilot and revise national CBFP Guidelines and Tools, which are now awaiting final validation by MoHSW leadership. The IRC also presented pilot results and lessons learned in presentations at the RHTC and Community Health Services Coordination meetings. Based on the presentation, the MoHSW has included CBFP injectables as part of the Accelerated Action Plan (AAP) and gave approval to IRC's activities under this project. Further dissemination sessions for the pilot as well as sharing progress on the project will take place in the coming periods of the project.

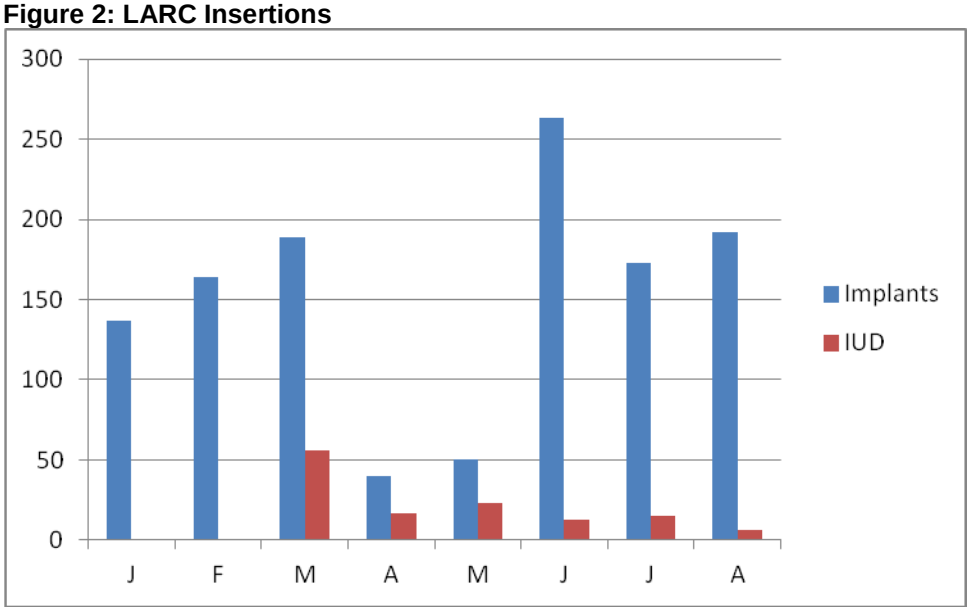
To launch this comprehensive program, the IRC provided a significant amount of training and capacity building to government partners, particularly CHVs and health facility staff who are involved in the implementation of the project. All trainings were conducted in collaboration with the CHTs. Please see Annex 1 for a detailed overview of each training.

From January 21- 30th, the first LARC training was conducted in Lofa County. Overall 27 facility staff and four IRC staff were trained. The IRC mobilized clients through campaigns to coincide with the training to give the participants adequate opportunities

to practice their skills. The practicum sessions were organized to ensure the participants acquired the technical ability to provide LARC safely and independently. A total of 689 clients received appropriate FP methods after counseling and informed choice. Of these, 674 Jadelle inserted (97.8%), 11 (1.6%) DMPA was provided, and 1 (0.01%) IUCD was inserted. Condoms, lactational amenorrhea and pills were used as to provide a comprehensive method mix to the clients.

Due to the high demand for FP observed during the first training, the team organized a second training to provide additional oversight to health facility staff. This second LARC training was organized from March 24- April 3, 2013 in Lofa County for 25 health facility staff. A total of 292 clients received FP after extensive counseling and informed choice, with 276 jadells inserted (95%), 8 IUCDs (2.7%) and 8 (2.7%) DMPA provided. These trainings served as an opportunity for awareness raising on FP, which addressed the myths and misconceptions linked to FP, particularly LARC. A third and final LARC training was conducted in Montserrado for JDJ hospital staff from May 20th-29th 2013. A total of 39 staff attended the training, including one doctor from Lofa County. A total of 138 clients received FP including 89 jadelle insertions (64%), 46 DMPA (33%) and 2 IUCD (1.4%). Please refer to the table below for more details:

Figure 2: LARC Insertions



In March 2013, a meeting of IRC doctors was convened to discuss the training plans and launch the provision of postpartum FP including PP IUCD in the three supported hospitals: JDJ, Curran Lutheran and Kolahun. The Kolahun medical coordinator, serving as the FP advisor was selected to attend a four day regional workshop on PPIUCD in Lusaka, Zambia from April 8-12, 2013. The IRC decided to conduct a pilot project at three hospitals lead by IRC doctors to find out if IUCD is acceptable by health workers and patients and what myths/misinformation, if any that the project will need to address. The graph below shows findings from five month trial period:

Figure 3: Distribution of IUCD inserted March – July 2013 at the three hospitals

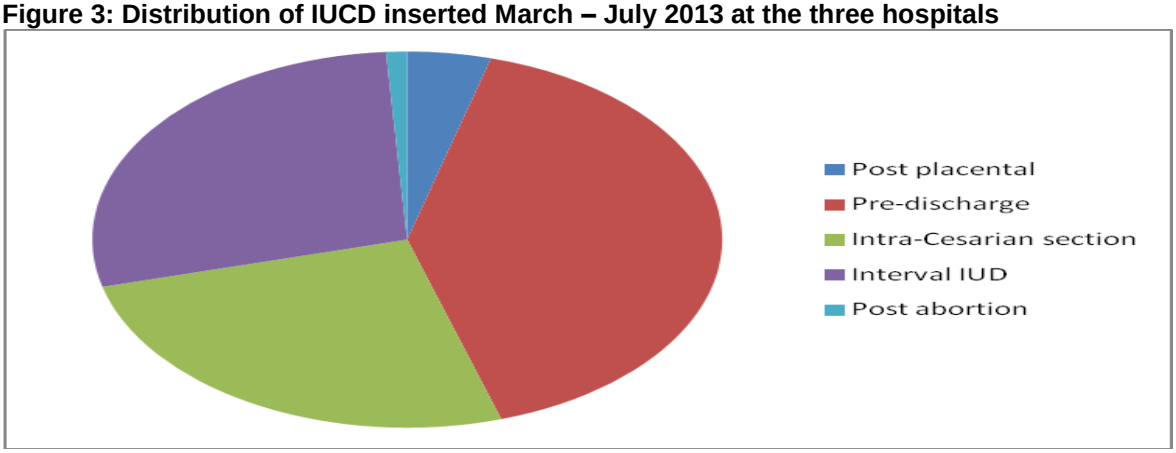
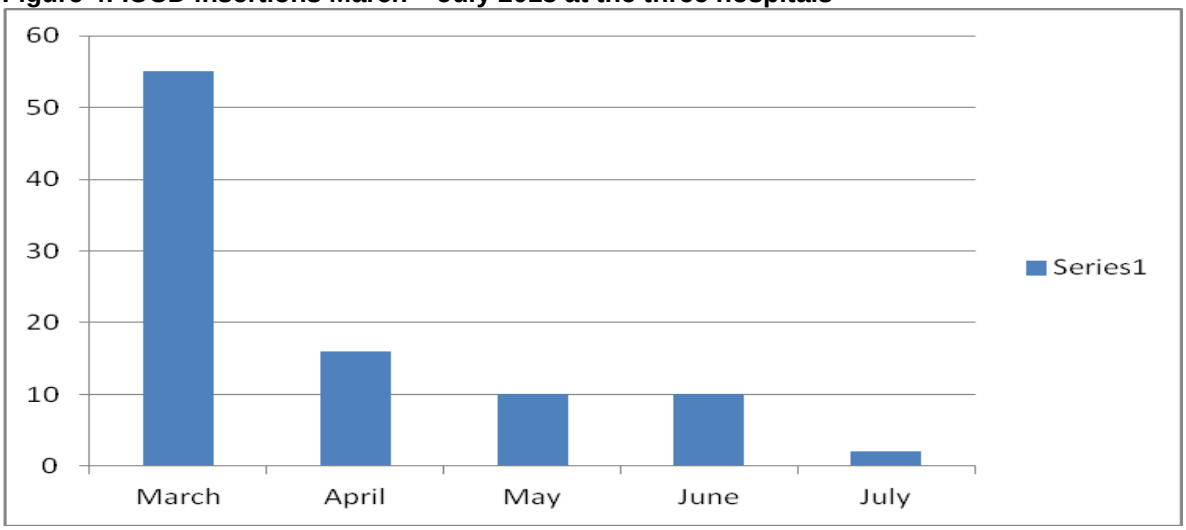


Figure 4: IUCD insertions March – July 2013 at the three hospitals



In total, 93 IUCD were inserted over the period with 30% within 24 hours of delivery/abortion. The steady reduction in numbers coincided with a period of transition where IRC doctors left the hospitals. While the MoHSW health staff (nurses, PAs, CM, doctors) were trained and coached by the IRC doctors, it was realized that myths and misinformation still existed and will need to be addressed in the coming year to ensure success of PPIUD at the health facilities. Based on the information from the pilot, the IRC has identified FP champions at each of these hospitals among the health staff who will help to address any myths among the health workers. Additionally, multilevel awareness raising approaches (community wide, one on one, mass media and health service managers) will be adopted during the implementation period to counteract these strongly held beliefs.

From June 10- 15 and July 8- 13 2013, the IRC conducted Phase One of the CBFP training in Lofa and Montserrado Counties, respectively. The training focused on IEC materials, counseling on FP, supply chain, reporting and provision of condoms and pills. A total of 86 CHVs, 10 CMs and 2 DHOs participated in the workshop. The County MNCH supervisor co-facilitated the sessions in collaboration with IRC. The CM's and

DHOs were invited to the training to ensure buy in and support for the program, as well as to improve linkages between the county, health facility staff and CHVs.

From August 19- 24, Phase 2 CBFP training took place in Montserrado at JDJ hospital for the 26 CHVs. The training was co-facilitated by the County MNCH supervisor and select CMs from the FP department at JDJ, consisting of in-class activities and one-on-one clinical practicum and evaluation. In total 24 of the 26 CHVs passed the practicum; however an additional two CHVs were held back based on evaluations from the hospital clinical staff. These two CHVs continue to receive monitoring and oversight from the IRC RH officer and the health facility CMs and OICs. These CHVs are currently referring clients to the health facilities for injectables. The IRC continued to support the CHVs recruited during the CBA2I pilot phase in MNH/EPI/FP activities. These CHVs will mentor and coach the newly recruited CHVs to ensure success of the new project. Please refer to the table below for the pre and post test results as well as the FP activities for CHVs in the last nine months:

Figure 5: JDJ DMPA CHV Pre/Post Test Results

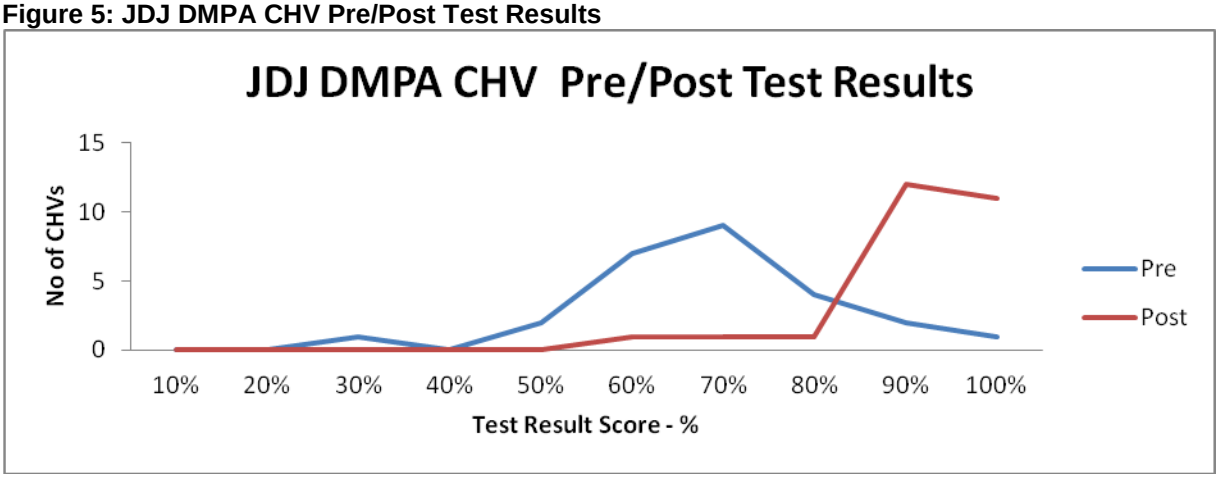


Figure 6: Summary of CHV FP activities from January - September 2013

	General Counseling - M	General Counseling - F	Male Condom ALL USER	Female Condom ALL USER	Microlut NEW USER	Microlut CONTINUED USER	Microgynon NEW USER	Microgynon CONTINUED USER	Depo NEW USER	Depo CONTINUED USER
Monrovia	11168	13852	99455	216	499	470	1626	4253	2462	4011
Lofa	2851	4841	8888	95	524	209	90	110	222	174
Total	14019	18693	108343	311	1023	679	1716	4363	2684	4185
CYP by CHV	0	0	903	3	68	45	114	291	671	1046

As shown above, the CHVs were able to increase the CYP by 3141 for the last nine months. This is despite a lack of FP commodities especially in the last quarter of the year due to an in country commodity ban.[1] Please refer to the graphs below for details on DMPA injections by CHV since January 2013 in Lofa and Montserado Counties.

Figure 7: DMPA injections by CHV from January – September 2013 in Montserado County

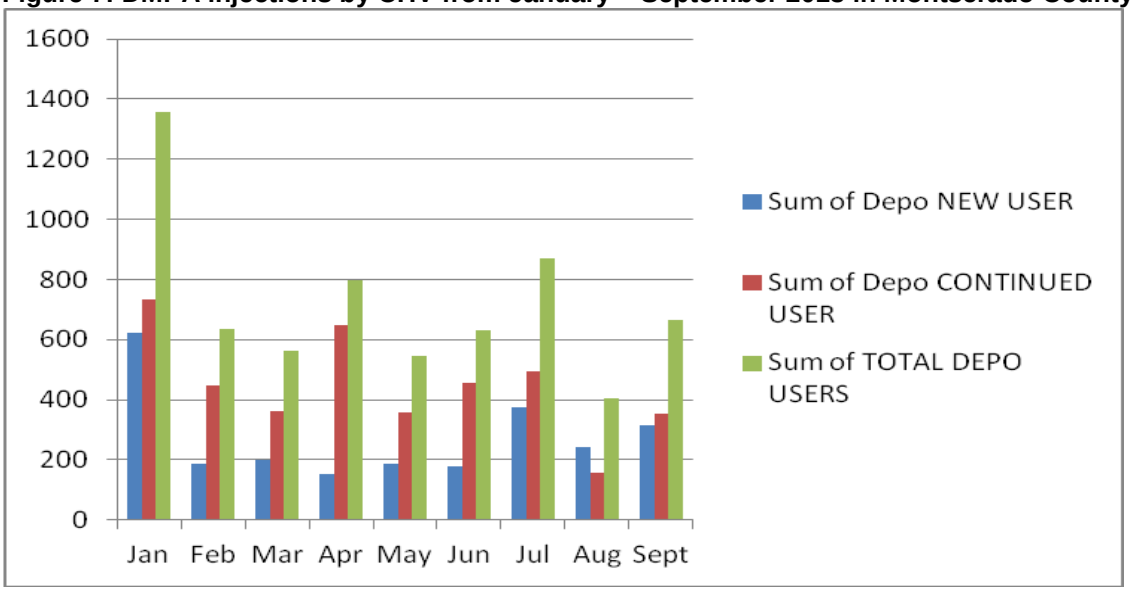
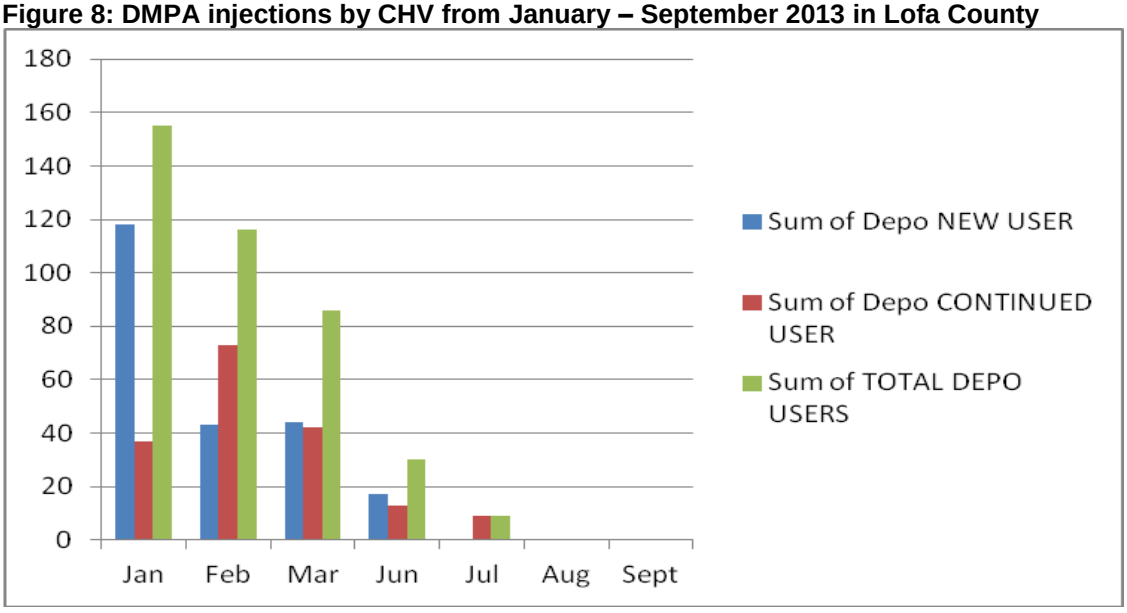


Figure 8: DMPA injections by CHV from January – September 2013 in Lofa County



To ensure sustainability and ownership, the OICs and CMs in collaboration with the IRC CBFP and RH officers, receive the monthly CHV reports, review and compile report summaries and ensure the reports are accurate and the data is entered into the health

[1] The ban impacted more heavily on the services in Lofa County due its distance from Monrovia, the capital city of Liberia.

facility logistic management information system (LMIS) ledgers. The CHV's receive their commodities directly from the health facility.

To ensure timely data submission, data verification and inclusion of data into the HMIS by the OIC's the IRC synchronized monthly CHV report collection with the monthly incentive distribution directly from the health facilities. The monthly incentive package includes rice, sardines and cooking oil, which is the approved incentive package from the MoHSW. There have been some challenges with the health facility staff not receiving these incentives; however the project is currently looking at other options to motivate and incentivize health facility staff, such as receiving certificates of accomplishment to highlight and recognize their hard work and achievements. Certain hard working health facility staff have become 'family planning champions' on the project and their achievements will be highlighted moving forward.

In collaboration with the CHT and RBHS, the IRC project team participated in district contraceptive days (DCD) from May 15th- June 4th in five districts in Lofa County (Foya, Zorzor, Voinjama, Kolahun and Vahun). The DCD was aimed at raising awareness on FP information, as well as counseling and services available at the district level to women and men of reproductive age to prevent unwanted or unplanned pregnancy. A total of 999 clients received FP services (387 received implants, 371 received microgynon, 109 received microlut, 129 depot administered and 3 IUCD inserted). On September 26- 27, the IRC project team and CHVs also engaged in World Contraception Day in both Lofa and Montserrado Counties, which provided increased awareness on the program in both counties.

From July 22- 24th, the IRC in collaboration with MCHIP and the CHT, conducted the EPI-FP integration training modeled after MCHIP's pilot project with vaccinators, CMs and nurses selected from the five supported PHC facilities and two hospitals in Lofa County. A total of 19 staff participated in this training, which consisted of introducing the ledgers and job aids to the vaccinators and CMs, reviewing steps involved with the integrated service delivery model, and discussing roles and responsibilities. The IRC, MoHSW and other members of the Liberia Reproductive Health Technical Committee are currently adopting the job aids and training tools developed by MCHIP. In addition to EPI- Integration, the IRC also creates linkages between CHVs and the health facilities through this project. The IRC also supported EPI initiatives in Lofa County including the distribution of the solar fridge thermometers and instructional pictorial charts. During the distribution exercise, clinical supervisors provided on the job coaching in data entry, recording, and cold chain management. The table below shows the referrals made across the program between June and August 2013. The IRC is following up to ensure all the referral data is updated and fed into the M and E system.

Figure 9: Referrals across different services between June and August 2013

Data Elements	Jun-13	Jul-13	Aug-13	Total
# of women that accept an FP method from same-day referral from vaccinator	0	11	7	**18**
# of women who bring their babies for vaccination referred by FP service	0	17	1	**18**

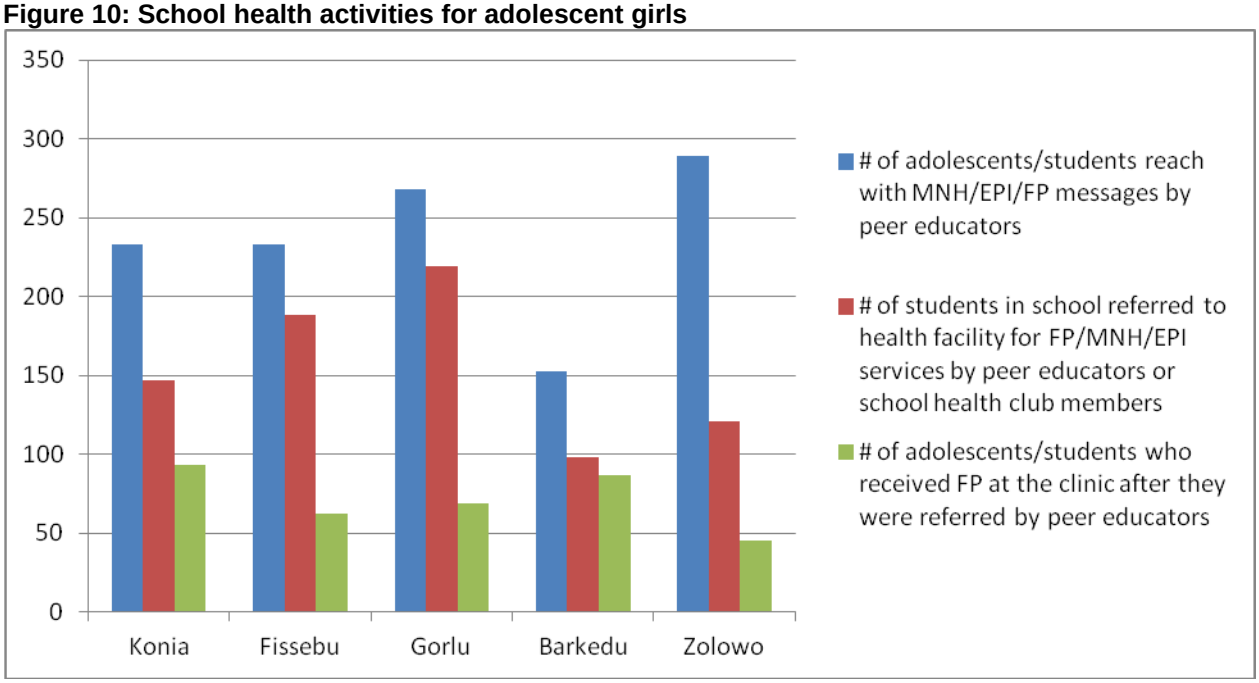
provider				
# of women coming for vaccination as a result of referral from FP service provider	0	17	4	**21**
# of clients referred to health facility by CHVs who received long acting method during the month	0	1	0	**1**
# of CHV referrals for long acting methods during the month	0	1	4	**5**
# of clients experiencing complications at injection sites for depo-provera during the month	0	0	0	**0**
# of women referred for FP by HIV service provider	0	0	0	**0**

The IRC coordinated with USAID|Deliver to strengthen the supply chain system for CBFP and to develop tools for reporting and requisitioning. Specific activities included the presentation of draft national supply chain and service delivery tools for CBFP by USAID|Deliver and the IRC at the MoHSW Community Health Services Coordination meeting in October 2012 and organized a workshop for Montserrado CHSWT members, health facility staff, and CHV supervisors in November 2012 to clarify roles and responsibilities with regard to CBFP supply chain management. In February, the IRC attended the Reproductive Health Commodity Security (RHCS) strategy review workshop to finalize the commodity security report. The IRC also attended the monthly RHCS meetings facilitated by USAID|Deliver.

During the reporting period, the IRC worked with its partner PPAL to strengthen the awareness, availability and accessibility of quality FP services for adolescents through school based approaches at five public schools in Lofa County. The schools are located in the same intervention areas as the PHCs and health facilities. The project worked with school leadership, PTAs, and community members to build community buy-in and refine approaches. At the project outset, formative assessments were conducted to select the five schools in Zorzor, Salayea and Voinjama, Lofa County. MOU's were developed and signed with the five schools explaining the project activities as well detailing the roles and responsibilities of the schools leadership, PPAL and the IRC. The project established five school-based health groups and trained a total of 50 peer educators (10 per school) to conduct FP awareness sessions in their schools and within their communities. Additionally, since FP commodities are not provided directly in the schools, the program links the schools with the five PHC facilities. Every month health facility staff visit the schools to provide information on FP, services available and referrals.

Peer educators and health facility staff reached a total of 1,168 students (27.8%). Of these, 514 adolescents were referred and accepted FP commodities: 81 depo (16%); 10 jadelle (2%); 54 Microgynon (11%); 44 Microlut (9%); 304 male condoms (59%); and 21 female condoms (4%). Below is a table providing a summary of school health activities for adolescent girls:

Figure 10: School health activities for adolescent girls



The comprehensive nature of this program, task shifting and integrating MNCH, FP, EPI and ASRH, is the first of its kind in Liberia, which involves an OR component to provide the needed evidence to policy makers and program designers. An important aspect of IRC's program implementation over the past year has been capacity building initiatives and coordination and collaboration with government and NGO partners. The table below breaks down each aspect of IRC's major project accomplishments and evolution over the initial first year:

Table 1: Summary of Major Project Accomplishments			
Strategic Objective 1: To increase contraceptive uptake, utilization and continuation through integration with MNH and EPI services in the targeted communities in Lofa and Montserrado Counties.			
Project Inputs	**Activities**	**Outputs**	**Outcome**
Training modules, job aids, staff, training supplies, funds, etc. Community Based Family Planning (CBFP), Adolescent and Sexual Reproductive Health (ASRH), school health guidelines/ policies. IEC/BCC materials. CHV and peer educator non-monetary incentives. Referral forms. Project Staff : Health project coordinator, reproductive health advisor, M&E	10 days LARC training for health care providers in Kolahun (Jan 21-30, 2013); 10 days LARC training for heath care providers in Zorzor (March 25-April 3, 2013). Regional meeting on post partum intra-uterine contraceptive device (PPIUCD), start up to scale up done in Lusaka Zambia from April 9-12, 2013. 10 day LARC and post partum IUCD training in Montserrado (May 20-29, 2013) at JDJ hospital.	20 staff trained from Primary Health Care (PHC) facilities including 15 CMs, four registered nurses (RNs) and one physician's assistant (PA). 27 staff trained including 18 CMs, five RNs, two vaccinators, one PA and one licensed practical nurse (LPN); one IRC staff trained in PPIUCD 1 IRC medical doctor trained. 21 staff trained including: 18 CMs, two nurses and one doctor.	In total 9,221 CYP were delivered at the eight health facilities during the reporting period. These included 131 IUDs inserted, 2230 implants and 10 tubal ligations. One cascade LARC training held. PPIUD pilot set up at three hospitals with 93 clients (66 PPIUD) inserted during the pilot. Lessons learned and best practices from the training enhanced provision of PPIUCD services. These lessons learned were shared widely with health facility staff. The health staff trained are now providing day to day FP awareness, counseling and provision services including LARC in their respective facilities with subsequent support from IRC RH officers.

coordinator, RH/Community Health officers Logistical support – Vehicles/fuel for the project team	Six day CBFP training (Phase 1) focusing on counseling, provision of condoms and pills in Lofa (June 8-13).	60 CHVs in Lofa trained and equipped to provide FP counseling, condoms and pills. Roll out of CBFP project to the District Health Officer (DHO) and health facility staffs	The CHVs trained are conducting awareness, counseling on MNH/EPI and FP. Since January this year, the CHVs have visited 7,692 clients providing counseling on MNH/EPI and FP. They provided 8888 condoms, 200 cycles of microgynon, and 733 microluts in total. During the last quarter, there was a commodity ban on FP commodities, hence the low numbers.
	Six day CBFP and MNH/EPI training in Montserrado (July 8-13) for 26 CHVs focusing on counseling, provision of pills and condoms.	26 CHVs in Montserrado trained on FP counseling, provision of tools, provision of condoms and pills at the community level. CBFP rolled out to five JDJ staff recruited as FP champions who acted as observers and co-facilitators during the training.	The 26 CHVs trained are now conducting awareness, counseling on FP and providing pills and condoms at the community level. They saw 25,020 clients (11,168 male and 13,852 females) providing counseling on MNH/FP/EPI. Since January 2013, 99,671 condoms, 969 cycles of microgynon, and 5,879 microluts were provided.
	EPI-FP integration training for staff in Lofa (July 22-24, 2013).	19 staff including CMs and vaccinators were trained.	This activity commenced in July and was co-facilitated by an MCHIP technical staff.. In the last week of September, 18 referrals were made from EPI to FP room. In addition, partitioning is complete at the targeted facility to separate EPI from FP services.

	Six day Phase Two CBFP training on FP counseling and administration of injectables (depo) for CHVs in Montserrado.	26 CHVs were trained and qualified to provide depo at the community level. Six JDJ staff orientated on the project.	A total of 6473 DMPA injections have been provided since January 2013 (2,462 new users and 4011 continuing users) in Montserado County by the 26 CHVs trained. Stock outs in the last quarter of the year negatively affected the project. The Lofa injectables training was delayed due to the commodity ban and is scheduled to take place October 2013.
		Nine school-based youth health groups were established and are currently being supported in ongoing health interactive and educational activities. and campaigns	1,895 secondary school students (1,176 girls and 719 boys) were reached with MNH/FP/EPI messages in schools. 40 girls dropped out of the targeted schools due to pregnancy over the last 9 months (Jan–Sept 2013).
	Six day peer educator training was conducted on MNH/EPI/FP awareness in schools/ communities and how to provide referrals.	50 peer educators were trained to conduct MNH/EPI/FP awareness sessions in their schools/ communities and provide FP referrals. Nine school-based youth health groups were established and are being supported in ongoing health interactive and educational activities and campaigns.	
	Youth-friendly ASRH services training for health staff to be done in the next quarter.	No trainings held.	
<u>Strategic Objective 2:</u> To support evidence based policies and programs on MNH/EPI and FP services in Liberia.			

Project Inputs	Activities	Outputs	Outcome
Staff, project data, activity reports, technical support.	D.C. workshop to review SW and OR.	Comments received and addressed.	First draft of OR protocol submitted to USAID January, 2013.
	USAID Ghana OR protocol workshop.	Further review of OR protocol and comments and feedback provided from MCHIP and USAID.	Based on information from the workshop, the documents were revised and resubmitted to USAID August, 2013.
	Development of the OR protocol.	Final draft of OR submitted to USAID.	Provisional approval received September, 2013 with minor adjustments needing to be made to the M&E plan. Early October, 2013 final documents resubmitted to USAID and are pending final approval.

II. ACTIVITY STATUS

Table 2a: Project Activity Status			
Project Objectives/ Results	**Related Key Activities (as outlined in DIP)**	**Status of Activities (completed, on target, not yet on target)**	**Comments**
Strategic Objective 1 : To Increase contraceptive uptake, utilization and continuation through integration with MNH and EPI services in the targeted communities in Lofa and Montserrado Counties (50% increase in CYP in target areas)			
	0.0 Conduct assessments at project start and end.	Completed.	The baseline consultant was recruited and KPC conducted from July 20- August 4th, 2013. The endline evaluation will take place at the end of the project period.
	0.1Recruit external baseline consultant and conduct baseline assessment.		
	0.2 Recruit external end-line consultant and conduct final evaluation.		
Intermediate Result: R 1: Improved supply of acceptable and high quality FP, EPI, and MNH services in target MoHSW facilities.			
Sub Intermediate Result 1.1: Strengthen quality and supervision of FP, EPI, and MNH services at health facilities.			
	1.1.1Conduct monthly supervision of five PHCs and three hospitals.	On target (100%)	The IRC reproductive health officers conducted regular monthly supervision using standardized checklists and on job coaching for the five PHC and three hospitals.

	1.1.2 Conduct quarterly joint supervision of five PHC facilities and three hospitals and a sample of CBFP CHVs.	On target (100%)	Three quarterly joint supervisions were conducted involving the CHT/ District Health Team (DHT), IRC staff.
	1.1.3 Provide job aids and coaching to ensure adherence to Quality Assurance (QA) standards for FP, EPI, and MNH and FP compliance.	On target (100%)	MCHIP volunteered to donate job aids for EPI-FP integration. In addition, IRC has printed training materials with job aids for counseling and FP provisions. These were provided to the health staff.
Sub Intermediate Result 1.2: Ensure full range of FP, EPI and MNH services are available at all times, at all service delivery points.			
	1.2.1 Construct partitions in five PHC facilities to ensure privacy of EPI/FP consultation areas.	On target (5 health facilities: 100%)	Lofa supported facilities were refurbished and partitions completed as needed to ensure privacy.
	1.2.2 Improve supply chain for MNH, FP and EPI services at county and health facility levels.	On target	The IRC collaborated with the National Drug Services (NDS), RBHS, USAID deliver and the Family Health Division (FHD) to ensure regular supply of vaccines and FP commodities. IRC provided transportation of the commodities from Monrovia to Lofa County Health Team (LCHT), as needed. During the period, there was a country wide ban on the distribution of FP commodities for two months. The situation was resolved and currently, there is no stock out of any MNH/EPI/FP commodities at the supported health facilities.
	1.2.3 Support maintenance of cold chain facilities for vaccines at the targeted facilities.	On target	The cold chain of vaccines is maintained. Recently,

			the IRC facilitated the transportation of the MoHSW technician to assess and repair all the faulty freezers. All the five health facilities have functional cold chain facilities.
	1.2.4 In coordination with the CHT, ensure all positions in the MNH/EPI and FP are filled in a timely manner.	On target	The CHT worked with IRC to deploy nurses and midwives to the facilities to meet with the required human resources standard as per EPHS.
	1.2.5 Conduct refresher training on antenatal care (ANC), post natal care (PNC), EPI and FP care at the five target facilities.	On target	IRC conducted several trainings on FP, LARC and the integration of FP with other services (EPI, ANC, PNC) for the facility staff.(see the training log below for details). 21 CMs were trained on BLSS, 143 CHVs were trained on HBLSS and 35 vaccinators and nurses were trained on EPI.
	1.2.6 Conduct monthly on the job training and coaching on ANC, PNC, EPI and FP care at the five target facilities.	On target	The Lofa Reproductive Health Officer (RHO) conducted regular on the job training for FP, ANC, PNC and EPI. Monthly and quarterly supervision occur, with the RHOs focusing on identifying gaps to develop capacity building activities.
1.3 Sub Intermediate Result 1.3: Integrate delivery of FP services into routine EPI and MNH platforms at the health facilities.			
	Train vaccinators in five PHCs in FP counseling, distribution of IEC/BCC materials, and referral to CMs for same-day FP services during EPI visits.	Completed	The vaccinators, along with the CMs, attended the EPI - FP training in Zorzor between July 22- July 24th on EPI-FP integration, counseling and

			referrals of clients for FP services. MCHIP facilitated the training and IRC is building on MCHIP lessons learnt to make this component effective and efficient.
	Retrain CMs at five PHC facilities and three hospitals in LARC.	Completed	Three trainings on LARC (two in Lofa and one in Montserrado) were conducted during the report period for all CMs and health staff at the facilities, with a total of 69 staff benefiting from these trainings. These staff provided a total of 2230 implants (1039 during the training sessions and 1191 in their routine work) and 111 (nine during the training, 93 during the pilot and nine routinely after the pilot) IUDs during the reporting periods.
	Train CMs in PPIUD insertion at three hospitals, then one health center (HC) and one PHC facility, (including infection prevention).	On target	The PPIUCD training was conducted for the staff at all three hospitals. The training at the HC and PHC will be conducted in the 2nd year of the project. At present, the facility staff are taking a leading role in the PPIUCD counseling and provision and a total of 131 IUDs were inserted, 66 of them being PPIUD insertions.
	Train CMs at three hospitals and five PHC facilities to integrate FP counseling and service provision into ANC, delivery, and post partum visits, including distribution of IEC/BCC materials.	Completed	The training was conducted and the FP integration with other services is effective in all the supported facilities.
Intermediate Result: R 2: Improved demand creation, provision of community based family			

planning services and referrals for MNH, EPI and FP through community based volunteers in the target catchment communities			
Sub IR 2.1 : Provide FP services at the community level, with strong linkages to health facilities for outreach and referral.			
	Train 80 CHVs to provide FP services, including injectables, and referrals for LARC.	Montserado training completed for 26 CHVs. The first phase of the Lofa trainings were completed with 60 CHVs on counseling, and provision of condoms and pills, MCH/EPI and referrals. Phase 2 (injectable training) will be done in October 2013.	The training of 86 CHVs was conducted for both sites (60 Lofa and 26 Montserrado) in two steps: 1) training on FP counseling and provision of condoms and pills for Lofa (60 CHVs) and Montserrado (26 CHVs). 2) training on FP counseling and provision of injectables completed for Montserrado (26 CHVs). The Lofa training of this step is planned for next quarter.
	Train 80 CHVs to conduct FP/EPI/MNH awareness in their communities and distribute IEC/BCC materials.	Completed	All aspects of FP/EPI/MNH integration were widely developed during all the CHV trainings, with a total of 86 CHVs trained (26 in Montserado and 60 in Lofa).
	Coordinate with IRC EPHS project and County Health and Social Welfare Teams (CHSWT) to hire and train Community Health Services Supervisors (CHSS) at five PHC to facilitate MoHSW CHV supervision.	Not yet on target	The recruitment of the CHSS was put on hold for budget reasons. The CHV supervision is being done by the IRC CBFP officer, the vaccinator and Officer in Charge (OIC). The IRC will continue to advocate for recruitment of CHSS by the CHSWT.
	Ensure regular distribution of FP commodities to health facilities and CHVs and antigens to health facilities.	On target	IRC is playing a major role overseeing that health facility requests are submitted on time to the CHT as well as providing the needed follow up with Supply

			Chain Management Unit (SCMU) and NDS to regularly supply antigens and FP commodities. IRC facilitates the transportation of the commodities, as needed.
	Ensure regular submission of forms from community to health facility.	On target	To ensure the timely submission of the forms from the community to the health facility, the IRC is synchronizing the submission of forms to the incentive distribution and ensuring that the facility plays a vital role in the incentive distribution. The IRC CBFP officer and the CM or OIC review the forms to ensure that the data submitted is of quality and included into the facility Health Management Information System (HMIS). 100% of the supported health facilities submitted accurate and timely reports to the CHWST.
	Conduct bi-monthly supervision of 80 CHVs in FP, EPI, and MNH service delivery.	On target	The CBFP officer is working with the vaccinator and CM at the facility to conduct joint supervision for the CHVs on a bimonthly basis.
Sub IR 2.2: Strengthen community engagement/ awareness raising strategies on MNH, EPI and FP.			
	Monthly meetings with CHVs in the targeted areas and quarterly meetings jointly with Community Health Development Committee (CHDC) and OIC at the clinics on reproductive health (RH).	On target	The IRC CBFP officer conducted monthly meetings with the CHDC Community Health Committees, (CHC), OIC, the Community Based Distributor (CBD) and CHVs.

	Conduct semi-annual meetings with local community leaders on RH.	One meeting done to launch the project. Next meeting planned in the next quarter.	The first year of this project was focused on start up including recruiting staff, signing agreements with partners, finalizing the SW, obtaining budget approval from USAID, etc. The launch took place in quarter three. The semi-annual meeting is due again in quarter 5.
Intermediate Result: R3: Improved uptake of ASRH including FP by adolescents through awareness raising and referral linkages to the health facilities.			
Sub IR 3.1 Strengthen engagement with stakeholders in education including Ministry of Education (MOE), parents, teachers, principals, etc.			
	Conduct formative assessment in the five identified schools.	Completed	Beneficiaries in these five selected schools received technical support as well as training for capacity building and for sustainability.
	Initial meetings with MoE, MoHSW FHD (Central and at County Level), Parents Teachers Associations (PTAs) and school principals.	Completed	Meetings with MoE, MoHSW FHD at Central and County level, school authorities and stakeholders including PTAs from five communities was successfully held. A total of 47 persons were in attendance from five communities.
	Develop and sign Memorandums of Understandings (MOUs) with the targeted schools.	Completed	Consistent follow-up to ensure adherence with what is stipulated in the MOU.
	Conduct quarterly review meetings with MoE, MoHSW FHD (Central and at County Level), PTAs, school principals.	On target	Quarterly review meetings will continue and full participation by all members will be required.
Sub IR 3.2: Provide MNH/FP messages through various communication channels such as peer educators, health clubs and mass campaigns.			
	Establish five school-based youth health groups and support ongoing health interactive and educational activities and campaigns.	On target	PPAL has established five youth clubs in five schools selected in our PHC catchment communities. The youth clubs are

			carrying health messages into their respective schools and communities and referring clients to the facilities.
	Train 50 peer educators to conduct FP awareness sessions in their schools/ communities and provide FP referrals.	Completed	PPAL conducted training for the peer educators and the biology instructors. The peer educators are providing awareness and referring clients for FP services.
	Provide support to health facility staff to conduct monthly outreach sessions and awareness raising sessions at schools.	On target	The health facility staff are conducting monthly outreach sessions to schools and providing FP immediately to the youth who consent after a thorough counseling.
	Produce, air and disseminate IEC/BCC messages in Lorma, Mandingo and Kpelleh vernacular.	Not yet on target	There were challenges airing the messages. PPAL will replace disks. IRC will work with the PPAL to ensure that this activity is carried out.
	Provide referrals for MNH/FP services to youth friendly health facilities in the catchment areas	On target	The peer educators are referring peers to the facities for FP and MNH. A total of 773 girls were referred for MNH/FP services at the health facilities.
	Hold focus group discussion (FGD) with five school-based youth health groups to identify ways to make health facility spaces and services more youth-friendly and provide support for youth groups and health facility staff to take action on plans.	On target	
	Train staff at five PHCs in provision of youth friendly ASRH services.	Not yet on target	The formal PPAL training has not yet been conducted. However, under the EPHS program the supported facilities have received a previous training on provision of youth

			friendly centers in the facilities.
	Refer school girls to the ASRH friendly health facility.	On target	The peer educators are referring school girls for ASRH. A referral mechanism was designed between IRC, PPAL and the facilities to ensure confidentiality and adherence to the compliance requirements.
	Develop check list and conduct monthly supervision to the five health facilities providing youth friendly services.	Completed	PPAL is using the pre-existing tools which were adapted to match project needs.
Strategic Objective 2: To support evidence based policies and programs on MNH/EPI and FP services in Liberia.			
Intermediate Result: R 1 (OR) 1: Generate new learning about innovative approaches to integrated FP service delivery.			
	Conduct operational research to inform new policy/implementation/scale.	On target	The operation research is ongoing. The OR protocol is developed and the first draft of the tools was shared for discussion. The IRC M&E coordinator, the senior health coordinator and the health project coordinator attended a three day operation research training in Ghana along with the Principle Investigator from Columbia University.
	Finalize the OR research protocol and obtain relevant ethical approvals.	On target	The OR protocol is finalized and provisional approval has been obtained. The IRC is currently awaiting final approval from USAID. Negotiations to obtaining the ethical approvals are currently underway.
	Plan for data collection, revision/finalization of tools etc.	Completed	The IRC project team worked with the Principle Investigator to draft and finalize

			the OR tools. The project team is currently finalizing an MOU with MCHIP to utilize tools and job aids already developed. The trial of the tools is underway, amendment of the tools will come along based on identified gaps.
	Conduct baseline and post-intervention measurements with study subjects in an intervention group and a comparison group.	On target	The baseline intervention measurement will be conducted once Institutional Review Board (IRB) approval is received.
	Continuous data analysis and feedback.	On target	The M&E coordinator compiles all data from communities and facilities and provides needed verification and analysis. Feedback and use of data for decision making and sharpening the interventions is ongoing.
	Disseminate results in various forums to inform policy.	On target	The health project coordinator shares monthly updates at the regular Reproductive Health Technical Committee (RHTC) meetings.
Intermediate Result: R 2: Document, use and share program lessons learnt and best practices throughout the project period.			
	Strengthen the program M&E/HMIS to ensure use of routine information for program implementation and scale up.	On target	The IRC is reinforcing the regular data collection from communities, data submission, compilation and inclusion of data into the facility HMIS.
	Ensure regular submission of quality-checked HMIS and Stock Balance Reporting and Requisition (SBRR) to CHSWT.	On target	The IRC CBFP officer and RHO are ensuring regular data check and submission of HMIS and SBRR.

	Develop supplementary data collection forms for new service delivery approaches and train providers on use.	Completed	IRC developed complementary data collection tools and rolled them out in the facilities. A database is being established to facilitate data entry and analysis.
	Institute and support systems for feedback of service delivery and supply chain data for use in decision making.	On target	The feedback about the service delivery is done through the HMIS and regular review of the achievements with the partners. The stock balance report and requisition book submitted to the CHT provides feedback on the supply chain.
Intermediate Result: R3: Ensure supportive policy environment for innovative FP integration programs.			
	Strengthen engagement in strategic advocacy activities at national level.	On target	The IRC health project coordinator attends the regular monthly RHTC meetings which serve as a forum of advocacy at the national level.
	Support development of national Reproductive Health Commodity Security (RHCS) strategy and implementation framework.	On target	The IRC health project coordinator is actively involved in the revitalization of the reproductive health technical working group at the national level.
	Participate and provide regular updates to the Monthly RHTC meetings at the Monrovia level.	On target	The health project coordinator shares regular project updates at the monthly RHTC meetings.
	Provide MoHSW/FHD and MoE school health department quarterly/semi-annual briefings and updates,	On target	The IRC regularly updated the RHTC and held meetings with other partners regarding program activities.
	Hold policy meetings with MoHSW and other stakeholders to present OR findings; publish results in online forum, journals, presentations.	On target	Once IRB approval is received, the project will implement the OR and findings will be presented quarterly to

			RHTC and other forums. The IRC is continuously keeping the MoHSW updated on the implementation through the RHTC.
	Support the creation of OR working group within the MOHSW.	On target	The IRC will collaborate with FHD to discuss the establishment of an OR working group and decide which MOHSW committee will be suitable for this working group.
	Provide annual program updates/policy briefs to the MoHSW and other partners.	On target	An annual update to MoHSW and partners is planned for November 2013.
	Support revision of CBFP supply chain tools and community HMIS.	On target	The IRC participated in the RHCS security strategy and community HMIS workshops. The RHCS strategy was finalized.

Implementation of a comprehensive integration program such as this can be extremely challenging due to many issues. There was some difficulty in forging cooperation and buy in from government and civil society partners, with specific concern regarding the CBFP component and the provision of injectables from the CHVs. However, over the first year significant progress has been made in coordination with the MoHSW, CHT and civil society partners. The IRC was able to successfully advocate for the project as well as identify supporters within the MoHSW to strengthen advocacy efforts and promote policy change. Additionally, the project was discussed at all monthly RHTC forums, with the IRC addressing issues and concerns from the members. The IRC also received support from the local USAID health team in the innovative integration approaches.

Additionally, the availability of FP commodities in year one posed a significant challenge to the project. As mentioned above, during the reporting period there was an FP commodity ban across the country from May 29th 2013 to October 2013. This not only severely disrupted program activities but also undermined people's trust in the supply chain system. The resulted ban ultimately had an extremely detrimental effect on the clients. During the ban, USAID conducted a thorough review of the supply chain system regarding malaria and FP commodities and re-designed the system. Commodities will now flow to the facilities and a monitoring team comprised of health facility staff, county and community members will verify what has been received. The facilities will then be 'topped up' monthly based on their consumption reports. The IRC will continue to support the supply chain system and provide transportation for the distribution of commodities. It is anticipated that the new system will improve commodity availability.

Human resources has also been particularly challenging during the reporting period, specifically in four areas: 1) motivation; 2) skilled staff; 3) attitudes toward some interventions such as PPIUD; and 4) staff availability. The program is currently providing incentives to the CHVs, however the health facility staff supporting the program are not receiving incentives or in-kind motivation packages. In an effort to build relationships between the CHVs and health facilities, as well as to encourage the timely submission of reports from the CHVs, the project is distributing CHV incentives from their respective health facilities at the reporting period. This system was designed to ensure sustainability after the project concludes, however at the outset had created tensions between the health facility staff and the CHVs. In an effort to mitigate these challenges, a series of discussions took place to look at ways health facility staff can be motivated to support the project. The IRC has appointed many of the hard working health facility staff as 'family planning' champions and provided certificates to each of these valuable staff. These staff will also be engaged in project meetings, trainings and other activities to ensure they feel they are part of the program, as well will be engaged to provide behavior change and awareness on reproductive health and family planning to their colleagues. There are many myths relating to FP, particularly to the IUCD component. Myths that IUCDs can cause cancer, make women infertile and so forth, may lead women and health care workers to avoid (or promote) this type of contraception. Awareness and education in particular in this area is needed so women can make an informed choice. The IRC program team will continually discuss other initiatives to continue motivating these integral staff on the project.

The lack of adequately trained staff at the health facilities has had an impact particularly on the roll out of the PPFP/LARC component of the program. The IRC OBGYN based in JDJ and Kolahun Hospital provided technical support and supervision to the health facility staff on IUCD insertion. However, with the closure of some of IRC's health grants, in July 2013 these positions were phased out. This movement of staff caused some implementation challenges The IRC is now working more closely with the MOHSW clinical staff to support the PPFP/LARC component of the program. Some of these staff have also been identified as champions on the project.

Some of the issues described above, relating to lack of adequately trained staff, also relate to the issues of staff availability. Currently, the community health services supervisor are responsible for supervising the CHVs, however in Lofa and Montserrado these positions have not yet been filled. Instead, the county vaccinators and OICs are currently providing supervision. The IRC is working to build the capacity of these staff on community health supervision through training and coaching by the IRC CBFP and RH officers as the MoHSW addressed the long term shortage of CHSS in the country. Also, the IRC is working with the CHSWT to recruit and pay incentives in the interim as it happens for other health personnel in the County.

The purpose of the OR component of the *"Better Future, Better Lives: Reducing Child and Maternal Mortality in Liberia"* is to test potential solutions to the central problem of reducing unmet need for FP. Specifically, the OR study objective is to measure the

effects of integrated FP/MNCH service delivery at health facilities and in communities by CHVs on FP and MNCH acceptance and continuation in rural Lofa County. The study uses a quasi-experimental design to enable a comparative analysis of the effects of integrated and non-integrated services, with one hospital, five health centers and their catchment areas in each arm of the study.

The study uses mixed methods to understand the effects of FP/MNCH service integration at both health facilities and in communities on FP initiation and continuation, on child immunization acceptance and on postnatal care utilization. Methods include a cohort study of FP acceptors who will be followed for 18 months; exit interviews with MNCH clients at health facilities to understand their reasons for attendance, the services they actually received and their satisfaction; quantitative and qualitative feedback from health facility staff and CHVs on their roles in providing integrated (or non-integrated) care; and structured observation of service delivery by trained supervisors to assess the fidelity of the integration model. Facility-based HMIS and monitoring data from facilities and from CHVs will also be analyzed to add to the understanding of the effects of integration.

This operations research study is intended to provide the evidence that Liberian policy-makers and program designers need to determine the future directions of the national FP programs and protocols. The OR processes and findings will enhance understanding of implementing integrated services and their impact on FP and MNCH utilization to inform and facilitate scale-up of integrated approaches to FP/MNCH.

The objective of this operations research study in Liberia is to measure the effects of integrated FP/MNCH at health facilities and in communities by CHVs on FP and MNCH outcomes including acceptance and continued use of FP, child immunization, and postnatal care and to identify the key factors influencing successful integration.

The study's specific research questions are:

- **Q1**. a) To what degree is integration carried out as intended in health facilities and by CHVs in communities? b) What is the acceptability of FP/MNCH integration for providers?
- **Q2**. What is the acceptability of FP/MNCH integration for clients?
- **Q3**. What are the effects of FP/MNCH integration in health facilities and in communities by CHVs on quality of care, behaviors, and outcomes for FP and MNCH? Specifically, what are the effects of integration on FP acceptance, FP continuation, immunization coverage (DPT1, DPT3 and DPT1-DPT3 drop out) and postnatal care attendance?
- **Q4**. What are the key factors for successful FP/MNCH service integration?

The table below summarizes the key milestones achieved by the program for the OR. The design of the protocol is complete and it has been submitted for ethical review in Liberia and at Columbia University. Additionally, data collection tools including questionnaires have been drafted and are under final review before pilot testing in the field (See Annex 7). The principal investigator will be in Liberia in November 2013 to

provide orientation to the policy makers, health staff and communities about the OR objectives.

Table 2b: OR Study Progress and Achievements in Year 1			
OR Study Key Milestones (i.e., formative phase)	**Related Key Activities (as outlined in OR concept paper)**	**Progress Status of OR Activities (completed, on target, not on target)**	**Comments (challenges, contributing factors, change, etc.)**
OR Protocol finalized.	The protocol was finalized after review by USAID/MCHIP.	On target.	The IRC finalized the OR protocol. It was challenging to incorporate all facets of the program in one OR protocol. The IRC focused on the MNH/EPI/FP platform for its operation research.
IRB approval requested, obtained.	OR submission for Liberia and Columbia IRB review. The IRC is awaiting feedback.	On target	The IRC is awaiting feedback from the IRB secretariat.
Orientation of field staff to OR.	This is planned for November.	Planned for November.	The principal investigator will be in Liberia for two weeks in November for this activity. This activity has been delayed because the protocol had not been finalized.
Cohort study recruitment.	Planned for the next quarter after IRB approval.	On target.	The comparison and intervention areas/clinics/catchment communities have been identified.
Cohort study follow-up.	Planned for the next quarter after IRB approval.	On target.	N/A.
Client exit interviews.	Planned for the next quarter after IRB approval.	On target for next year.	N/A.
Survey and discussion with staff and CHVs,	Planned for the next quarter after IRB approval.	On target for next year.	N/A.
Observation of FP/MNCH services by supervisor.	Planned for the next quarter after IRB approval.	On target for next year.	N/A.
Analysis of HMIS and IRC M&E system.	On going.	On going.	The IRC has a robust HMIS system at the health facilities and communities where the project is being implemented. The data is monitored on a monthly basis.
Process documentation.	Ongoing.	On going.	This is ongoing.
Dissemination of final results.	At end of project.	At end of project.	A preliminary workshop is planned next quarter for all stakeholders including the MoHSW.

III. System Strengthening: Local Partner Collaboration, Capacity Building, and Sustainability

As mentioned above, sustainability mechanisms have been built throughout the design of the program. Through the use of FP champions, health facility staff who are not receiving the non-monetary incentive package currently provided to the CHVs, the goal is these staff will become invested in the program based on the important role they have. Additionally, the IRC is supporting the structures and systems set up by the MoHSW so as not to create any new vertical systems. For example, the CHVs request commodities from the facilities which are then entered in to the LMIS ledger and a requisition is made directly from the health facility to the county. The IRC currently monitors these requests and ensures they are submitted timely. Additionally, the IRC is providing clinical capacity building to health facility staff and community health volunteers notably in family planning. Daily mentoring and supportive supervision are conducted to ensure health facility staff skills are improving and gaps are addressed. The IRC is also currently supporting a network fo 86 CHVs and building their capacity more broadly in the area of family planning, service delivery, reporting, requisitioning and supply chain management. Please see below for a more detailed breakdown:

Through the use of FP champions, who are primarily health facility staff motivated to support the project on a voluntary basis, the project intends to transfer necessary skills and goodwill to continue with the activities beyond the project life. Daily mentoring and supportive supervision are conducted to ensure health facility staff skills are improving and gaps are addressed.

The IRC is also supporting the structures and systems already established by the MoHSW so as not to create a new vertical system. For example, the CHVs request commodities from the facilities which are then entered in to the LMIS ledger and a requisition is made directly from the health facility to the county. The IRC currently monitors these requests and ensures they are submitted timely. Also, the IRC is providing clinical capacity building to health facility staff and CHVs in FP. Finally, the IRC worked closely with MoHSW representatives across all levels to review project areas, workplans and training plans. Program training materials were developed in collaboration with the MoHSW and the CBFP job aid has recently been adopted by the FHD. Moving forward, additional working group sessions are planned to finalize other job aids and materials developed for the project and to ensure local buy in.

The IRC is currently supporting a network of 86 CHVs and building their capacity more broadly in the area of FP, service delivery, and reporting, requisitioning and supply chain management. Through the implementation of the KPC baseline survey, the IRC collaborated with 21 students from the Esther Beacon Nursing School in Lofa County. These students received a five day training on data collection and reporting techniques from the external consultants prior to engaging in field work.

The IRC partners with PPAL, a local organization, to implement the school health component. In addition to sending one PPAL staff to an introduction to excel base

course, the IRC M&E coordinator regularly liaises with the PPAL project coordinator on data accuracy and any other issue relating to monitoring and evaluation. The IRC held monthly meetings with PPAL to review progress on the project and also to provide PPAL with the necessary tools for program management, developing spending plans and procurement plans, work plan development and so forth to improve program delivery.

The project is in line with MoHSW's strategies to reduce maternal and child mortality as outlined in key documents such as the EPHS, the Revised Community Health Services Policy and Strategy and the AAP. The IRC will continue to collaborate with FHD and the MoE on the school health component, as there is currently no clear policy on access to FP commodities to adolescents.

The overall project approach emphasized stakeholder collaboration and participation as well as advocacy and joint planning meetings particularly with the MOHSW and CHTs to ensure buy-in and support for the project. Throughout the reporting period, IRC worked to maintain and increase government partnership to: a) improve participation from government stakeholders; b) encourage buy in for the CSHGP project; and c) establish a sustainable handover mechanism beyond the IRC project life. Building on the relationships established during the World Learning pilot CBA2I program, the IRC sought partnership with the MoHSW's FHD to be a lead and focal point for project activities. The IRC is an active participant on the RHTC committee meetings, chaired by FHD, as well as the RHCS sub-committee. The IRC project coordinator represented IRC at the monthly RHTC, RHCS and CHT coordination meetings, which served as a forum to discuss updates on the project and to conduct ongoing advocacy and support for the project. The IRC also participated in the Community Health Services Roadmap workshop, to finalize guidelines and operational planning for the next fiscal year. Please refer to Annex 2 for a detailed overview of the key meetings and workshops attended.

The IRC is currently finalizing an MOU with MCHIP to solidify partnership and collaboration, particularly as it relates to strengthening the EPI and FP component of the program. MCHIP recently concluded an EPI/FP pilot in the country and IRC has been working with the MCHIP team in country to share experiences, coordinate trainings, and share job aids and IEC and BCC materials. Additionally, one EPI-FP training was conducted in Lofa County facilitated by a MCHIP technical staff.

IRC's coordination and collaboration with the MoHSW and other stakeholders have been pivotal throughout this period of implementation. Not only has the collaboration enhanced the involvement and support from the MoHSW, but the overall day to day collaboration with partners such as MCHIP, RBHS and USAID|Deliver and their engagement and involvement during trainings and other activities, has significantly increased the effectiveness of the program.

Aside from these notable partnerships, the IRC also continued to strengthen relations with the Minister of Preventive Services and the Community Services Director. Relationships with the EPI unit were also established and moving forward the IRC will

hold regular meetings with EPI and FHD at the central level to share information and project briefs regarding the EPI component of the program. At the county level, field teams attended the monthly county coordination meetings and regularly engaged in the monthly community health district committee meetings. Information and project updates were provided to the members of these meetings which include vaccinators, TTM's, OICs, supervisors, community leaders and other members from the county. All trainings that have been conducted during year one of the program were co-facilitated by the county MNCH supervisor.

An added benefit to the CSHGP program has been concurrent programming with other IRC projects implemented in Lofa and Montserrado County, focusing on strengthening MNCH and rolling out the MoHSW Essential Package for Health Services. The three year EPHS program funded by MoHSW-FARA implemented in Lofa County supports 42 PHCs and three hospitals across Lofa, overlapping with the targeted areas of the CHSGP program. The EPHS project provides technical and clinical staff, such as, two doctors, community outreach and RH officers, an M&E manager and project coordinator whom also liaise with the CHT and work closely with the activities under the CSHGP program. These staff also provide technical support to the trainings and other activities on the program. For example, the Kolahun OB/GYN worked closely with hospital staff in Lofa and Montserrado to provide oversight to LARC and IUCD insertion. This collaboration has strengthened the efficiency of the project.

TECHNICAL ASSISTANCE

The IRC will continue to use its experience in global reproductive health forums to review implementation of other programs and receive the most up to date information on technical aspects relating to the project, which will then be shared with the program team. These forums include Interagency Working Group (IAWG), of which IRC is the chair of the Sub-Working Group on Family Planning; the RHRC; K4Health; and the CORE working group.

The IRC is currently collaborating with FHI360 and other stakeholders in Liberia to disseminate the World Health Organization's recommendations and information from other CBA2I programs with regard to CHV capacity to successfully assess clients' eligibility for various FP methods.

The program will continue to receive on-going technical assistance from the senior RH technical advisor based in Nairobi, as well as M&E and epidemiology staff based in New York. Over the coming year, this technical assistance is expected to focus on the following issues: providing ongoing improvements to program the M&E framework (such as reviewing HMIS data and improving program tools), improved quality assurance for key services such as CBFP, MNCH, PPFP, EPI and adolescent health.

Given the comprehensive nature of the program, it is anticipated that the IRC will continue to engage with MCHIP with particular focus on strengthening the EPI FP, MNCH, school health and PPFP components. The IRC is currently waiting for the tools

on EPI-FP integration to be finalized and posted on the K4health website. With regards to the advocacy component, the IRC will continue to seek support from FHI360 and APC to strengthen the advocacy materials and provide technical advice presenting project materials. The IRC will also continue to participate in the USAID technical forums on community based approaches, post partum family planning (ACCESS), advocacy and other areas as it relates to the project.

IV. SUBSTANTIAL CHANGES TO PROJECT DESCRIPTION

The IRC is not proposing any substantial changes that will require a modification to the Cooperative Agreement.

Annex 1: Training Register – Year 1

Training Master Plan - Year 1							
Title of Training	***Training Provider***	***Facilitators***	***Training Location***	***Actual Trng Dates***	***Number of Participants***	***Breakdown of participants by position***	***Means of Verification***
LARC (10 days)	IRC	IRC, RBHS, CHT	Kolahun	Jan 21-30, 2013	20	15 CMs, 4 RN, 1 PA	Attendance ledger
LARC (10 days)	IRC and CHT	IRC, RBHS,CHT	Kolahun	March 25-April 3, 2013	27	5 RN, 1 LPN, 2 vaccinators, 1 PA, 18 CMs	Attendance sheets
Operations Research Workshop	USAID/MCHIP	USAID and MCHIP	Novotel, Accra, Ghana	April 3 - April 5, 2013	3 (from Liberia)	DDHP, Prj. Co. M&E Co.	MCHIP training attendance
Regional Workshop on Postpartum IUCD	IRC	PSI/MCHIP	Lusaka, Zambia	April 9 - 12, 2013	1 (from IRC Liberia)	OB/GYN & FP adviser	Workshop report
Advanced Microsoft excel training	IRC	ICT Center - Liberia	Monrovia - YMCA Computer Lab	May 18 and 25, 2013	1 IRC and 1 PPAL	1 IRC M&E Coordinator and PPAL Coordinator	Agreement between IRC and ICT center
LARC (10 days)	IRC	IRC, MoHSW	JDJ	May 20 - 29, 2013	21	1 doc, 2 nurses, 18 midwives	Attendance sheets
CBFP (6 days)	IRC/LCHT	IRC, Lofa CHT	Konia	June 10 - 15 2013	67	60 CHVs, 5 CMs, 2 DHO	Attendance sheets
KPC (2 weeks)	IRC	External consultants	Zorzor	June 24th-July 5th,2013	29	21 students of Esther Becon, 3 data clerk, 5 IRC staff serving as supervisors	Attendance sheets and KPC report
CBFP (6 days)	IRC/MCHT	IRC, MCHT	JDJ	July 8 - 13 2013	26	26 CHVs	Attendance sheet and training report
EPI-FP integration	IRC and CHT environmental health technician (EHT)	IRC & MCHIP	Zorzor	July 22-July 24, 2013	19	8 Vaccinators, 10 CMs, 1 RN	Attendance sheet and training report
CBFP provision of injectable contraceptives (Depo)	IRC	IRC and Montserrado CHT MNCH supervisor	JDJ Hospital	August 19 - 24, 2013	26	26 CHVs	Attendance Sheets and Training Report

Annex 2: Meeting and Workshop Log – Year 1

Meeting/Workshop Log		
Date	***Meeting/workshop counterparts (attendees)***	***Objectives and outcomes***
11-Apr-13	USAID and Child survival grantees in Liberia	Meeting to review child survival grants at various levels of implementation. Share common challenges, goals, and issues.
24-Apr-13	FHD meeting (Dr. Jabbeh and Bentoe)	Meeting to reivew FP project activities.
25-Apr-13	RHTC members	RHTC meeting.
30-Apr-13	RBHS (and supply chain members)	Supply chain technical session chaired by RBHS.
2-May-13	RHTC members	RHTC session - information sharing etc.
6-May-13	USAID AYP, Africaire, IRC, Curamericas	Technical meeting to discuss collaboration with Advancing Youth Project (AYP) project.
15-May-13	PPAL meeting	Project review meeting. On track/off track assessment. Review M&E tools.
20-May-13	UNFPA and supply chain partners (CHAI, USAID, USAID Deliver etc)	Subcommittee RHTC to review commodity security strategy.
23-May-13	PPAL program manager and finance manager	Discuss ASRH activities; set communications plan.
24-May-13	MCHIP team	Discuss EPI-FP activities.
28-May-13	UNFPA and supply chain partners (CHAI, USAID, USAID Deliver etc)	Review and finalize commodity security strategy operational plan 2013 to 2015,
3-Jul-13	FP project team	Project review meeting. On track/off track assessment. Review M&E tools,
10-Jul-13	JSI/FHI (Bonnie and Tracy skyp call)	Review advocacy activities.
11-Jul-13	MCHIP team	Discuss fp project activities and potential areas of collaboraiton/support.
12-Jul-13	FP project team	Meeting to review project activities, challenges, M&E etc.
18-Jul-13	MCHIP team	Review EPI-FP materials and discuss collaboration and training.
24-Jul-13	CHT Monovia meeting	Meeting to review FP program activities.
30-Jul-13	Community health services guideline review and finalization meeting with partners - Tiyatien, UNICEF, IRC, USAID, Equip, UNFPA, UNDP, Save the children etc	Meeting to review guidelines.
6-Aug-13	PPAL program manager and finance manager	Meeting to review program activities, discuss challenges and issues/risks.

7-Aug-13	CHT Monrovia and partners (Save the Children, AHA, PPAL, etc)	CHT coordination meeting to discuss activities
8-Aug-13	Meeting with MoHSW FHD assistant director	Meeting to discuss FP dissemination and review project materials.
8-Aug-13	Columbia – Therese	Skype call to review OR protocol submission.
9-Aug-13	JSI/FHI (Bonnie and Tracy skyp call)	Meeting to review briefing document, discuss advocacy presentation and dissemination for MoHSW.
13-Aug-13	Community health services guideline review and finalization meeting with partners - Tiyatien, UNICEF, IRC, USAID, Equip, UNFPA, UNDP, Save the Children etc	Meeting to finalize community health services guidelines.
14-Aug-13	RHTC Subcommittee for Supply Chain - USAID deliver, CHAI, IRC, SCMU	Meeting to review RH commodities and inventory, discuss challenges and the USAID ban on RH commodities.
16-Aug-13	FHD meeting (Dr Jabbeh and Bentoe)	Update meeting on FP activities with FHD directors.
16-Aug-13	Konia Health Center CHDC Meeting -- this meeting had 28 attendees (OIC,CBFP Officer/IRC,CHDC Chairman, Town Chief, CHVs and CHCs)	The overall objective was to discuss health promotion support to the facility.
21-Aug-13	Dhammika and Kate from TU	Technical call to discuss FP project M&E and review documents for submission to USAID.
26-Aug-13	IRC health team meeting	Meeting to discuss strategy for collaboration and strengthening Lofa programs - particularly structure of FP and EPHS program.
27-Aug-13	FP project team	Project review meeting. On track/off track assessment. Review M&E tools.
27-Aug-13	Fissebu CHDC Meeting -- This meeting had 54 attendees (Communty Health Officer/IRC, OIC,CHDC Chairman,Town Chiefs,CHCs, Secretary and members)	Information sharing session with county teams regarding progress on the CSHGP and discuss challenges and issues.
27-Aug-13	Zolowo CHDC Meeting -- This brought together 32 attendees (CHDC Chairman, Community Health Officer/IRC,OIC, Secretary, FP CHVs and other members)	**Agenda:** 1. Opening Prayer, 2.Welcome Remark, 3.Reading of past meeting minutes, 4. CHDC Budget, 5. Family Planning, 6.Repairing of the hand pump, 7. Community/Home deliveries.
28-Aug-13	JSI and FHI skype call - Bonnie Keith and Tracy Orr	Meeting to discuss advocacy for FP program and trip for Bonnie Keith to Liberia.
29-Aug	MoHSW committee meeting	Discuss Monrovia activities related to FP.
30-Aug-13	Barkedu CHDC Meeting -- This meeting had 37 attendees (CBFP Officer/IRC, OIC,CHDC Chairman,Town Chiefs,CHCs, Secretary, All of the TTMs and CMs focusing on FP and members)	**Agenda:** 1.Opening Prayer, 2.Welcome Remark, 3.Reading of past meeting minutes, 4. Maternal Death, 5. Family Planning, 6. EPI and CMs meeting on Family Planning, 7. SGBV workshop.
31-Aug-13	Gorlu CHDC Meeting -- This brought together six attendees (CHDC Chairman, Community Health Officer/IRC,OIC, Secretary and other members)	**Agend**a: 1.Opening Prayer, 2.Welcome Remark, 3.Reading of past meeting minutes, 4. Farming, 5.Three Bedroom house project, 6. Family Planning.
3-Sep-13	PSI Country Rep and FP Program manager	To discuss areas of collaboration in FP particularly in Lofa. Additionally collaboration with AYP project.

3-Sep-13	RBHS, USAID FP partners, JSI Senior technical director	FP monthly technical meeting at RBHS to discuss FP activities, information sharing session etc.
4-Sep-13	Minister Nyenswah and FHD director Dr Jabbeh	To discuss dissemination of pilot results.
4-Sep-13	CHT monrovia and partners (Save the Children, AHA, PPAL, etc)	CHT coordination meeting to discuss activities and share information.
5-Sep-13	USAID Pamela and community health staff	Meeting to discuss FP project; set communication strategy and discuss supply chain challenges.
10-Sep-13	PPAL program manager and finance manager	Meeting to review M&E plan, revise indicators based on feedback from USAID, and discuss progress on activities.
27-Sep-13	USAID Deliver; UNFPA; Brac; IRC, PPAL; PSI; FHD; SCMU; SWAAL	Supply chain quantification workshop.
1-5 april 2013	USAID and child survial grantees	Ghana USAID workshop to review OR protocol.
15 to 19 April 2013	MOH FHD, Minister Nyenswah, Save the Children - Joburg Newborn health conference	Conference on newborn health.
16 & 17 May 2013	RHTC members	Extraordinary session to review commodity security strategy.
Sept 12 2013	Monrovia 26 CHVs;	One day monthly meeting to discuss M&E tools and catch up after the injectables training.
Sept 16 2013	USAID DC. Meredith Crews, Leah, Tanvi	To discuss KPC and finalize indicators. IRC to send draft KPC report.
Sept 21 2013	MCHIP Liberia team draft MOU for EPI-FP integration component	To formalize relationship over EPI-FP integration component.
Sept 23/Oct 2	APC/JSI Bonnie Keith visit to IRC Liberia	To review and finalize SW and OR M&E and tools.
Sept 26/27 2013	World Contraception Day - Lofa/Monrovia	Lofa (Barkedu/Voinjama), Monsterrado (five clinics) provide awareness to communities on FP and service delivery.
Sept 27 2013	USAID Deliver and UNFPA RH commodity quantification workshop	Quantify RH commodities and forecast for 2014.

Annex 3: Workplan Year 2 and Year 3

CSGHP Liberia Workplan Sept 30, 2012 – Sept 29, 2015			Key Personnel	Collaboration Assumption	Y2				Y3			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Objective: Women and couples are able to control their fertility, space pregnancies and reduce unwanted pregnancies.												
0.0	Conduct assessments at project start and end.		RH Project Manager and IRC TU.	USAID, MCHIP, Central MoHSW.								
	0.1	Recruit external baseline consultant and conduct baseline assessment.										
	0.2	Recruit external endline consultant and conduct final evaluation.										
1.1												
	1.1.1	Conduct monthly supervision of five PHC s and three hospitals.	Community Health Officer (Lofa), RH Officer (Monrovia), and Clinical Quality Specialist.	CHSWT, DHTs, and health facility staff. Technical support FHI360.								
	1.1.2	Conduct quarterly joint supervision of five PHC facilities and three hospitals and a sample of CBFP CHVs.										
	1.1.3	Provide job aids and coaching to ensure adherence to QA standards for FP, EPI, and MNH and FP compliance.										
1.2												
	1.2.1	Construct partitions in five PHC facilities to ensure privacy of EPI/FP consultation areas.	Community Health Officer (Lofa), RH Officer (Monrovia), RH Manager and Clinical Quality Specialist.	CHSWT, DHTs, and HF staff. National FHD.								
	1.2.2	Improve supply chain for MNH, FP and EPI services at county, and health facility levels.										
	1.2.3	Support maintenance of cold chain facilities for vaccines at the targeted facilities.										
	1.2.4	In coordination with the CHT, ensure all positions in the MNH/EPI and FP are filled in a timely manner.										
	1.2.5	Conduct refresher training on ANC, PNC, EPI and FP care at the five target facilities.										
	1.2.6	Conduct monthly on job training and coaching on ANC, PNC, EPI and FP care at the five target facilities.										
1.3												
		Train vaccinators in five PHCs in FP messages, distribution of IEC/BCC materials, and referral to CMs for same-day FP services	Clinical Quality Specialist, RH Officers (Lofa and	CHSWTs, DHTs, hospital administration/								

		during EPI visits (Refresher).	Monrovia).	medical directors, hospital and PHC staff; MCHIP.									
		Train CMs at five PHC facilities and three hospitals in LARC (Refresher).											
		Train CMs in PPIUD insertion at three hospitals, then one HC and one PHC facility, (including infection prevention) (Refresher).											
		Train CMs at three hospitals and five PHC facilities to integrate FP counseling and service provision into ANC, delivery, and PP visits, including distribution of IEC/BCC materials.											
		Train 80 CHVs to provide FP services, including injectables, and referrals for LARC (Refreher).	Clinical Quality Specialist, RH Officers (Monrovia), Community Health Officer (Lofa).	CHSWT, DHTs, and health facility staff.									
		Train 80 CHVs to conduct FP/EPI/MNH awareness in their communities, distribute IEC/BCC materials.											
		Coordinate w/ IRC EPHS project and CHSWT to hire and train CHSS at five PHC facilities to provide MoHSW CHV supervision.											
		Coordinate with USAID-Deliver to ensure regular distribution of FP commodities to health facilities and CHVs and Antigens to health facilities.											
		Ensure regular submission of forms from community to health facility.											
		Conduct bi-monthly supervision of 80 CHVs in FP, EPI, and MNH service delivery.											
		Monthly meetings with CHVs in the targeted areas and quarterly meetings jointly with CHDC and OIC at the clinics on RH.	Community Health Officer (Lofa).	CHSWT, DHT.									
		Conduct semiannual meeting with local community leaders on RH.											
		Conduct formative assessment in the five identified schools.	PPAL.	County MoE reps, CHSWT, DHTs, health facility staff, and school									
		Initial meetings with MoE, MoHSW FHD (Central and at County Level), PTAs, and school principals.											

		Develop and sign MOUs with the targeted schools.		leadership.								
		Conduct quarterly review meetings with MoE, MoHSW FHD (Central and at County Level), PTAs, and school principals.										
		Establish five school-based youth health groups and support ongoing health interactive and educational activities and campaigns to in and out of school youth.	PPAL.	County MoE reps, CHSWT, DHTs, health facility staff, and school leadership.								
		Train 50 peer educators to conduct FP awareness sessions in their schools/ communities and provide FP referrals to both in and out of school youth.										
		Provide support to health facility staff to conduct monthly outreach sessions and awareness raising sessions at schools.										
		Produce, air and disseminate IEC/BCC messages in Lorma, Mandingo and Kpelleh vernacular.										
		Provide referrals for MNH/FP services to youth friendly health facilities in the catchment areas.										
		Hold FGD with five school-based youth health groups to identify ways to make health facility spaces and services more youth-friendly and provide support for youth groups and HF staff to take action on plans										
		Train staff at five PHCs in provision of youth friendly ASRH Services.										
		Refer school and out of school girls to the ASRH friendly health facility.										
		Develop check list and conduct monthly supervision to the five health facilities providing youth friendly service.										
		Conduct OR to inform new policy/implementation/scale.	Columbia, RH Project Manager, M&E Coordinator.	MCHIP, Central MoHSW.								
		Finalize the OR research protocol and obtain relevant ethical approvals.										
		Plan for data collection, revise/finalize tools										

		etc.											
		Conduct baseline and post-intervention measurements with study subjects in an intervention group and a comparison group.											
		Continuous data analysis and feedback.											
		Disseminate results in various fora to inform policy.											
		Strengthen the program M&E/HMIS to ensure use of routine information for program implementation and scale up.	RH Project Manager, M&E Coordinator, Clinical Quality Specialist (with support from RH and Community Health Officers).	Central MoHSW, USAID|Deliver, CHSWT, DHT, IRC EPHS Project.									
		Ensure regular submission of quality-checked HMIS and SBRR to CHSWT.											
		Develop supplementary data collection forms for new service delivery approaches and train providers on use.											
		Institute and support systems for feedback of service delivery and supply chain data for use in decision making.											
		Strengthen engagement in strategic advocacy activities at national level.	RH Project Manager/Monrovia Based Coordinators.	Central MoHSW, RHTC.									
		Support development national RHCS strategy and implementation framework.											
		Participate and provide regular updates to the monthly RHTC meetings at Monrovia level.											
		Quarterly/semi-annual briefings with the MoHSW/FHD and MoE school health department with regular updates/briefs.											
		Hold policy meetings with MoHSW and other stakeholders to present OR findings; Publish results in online forum, journals, presentations.											
		Support the creation of OR working group within the MoHSW.											
		Produce annual program updates/policy briefs to the MoHSW and other partners.											
		Support revision of CBFP supply chain tools and community HMIS.											

Annex 4: Performance Matrix

INDICATOR	*BASELINE (ABSOLUTE NUMBERS AND PERCENT)*	TARGER ACHIEVED *(ABSOLUTE NUMBERS AND PERCENT)*	COMMENTS *(stating progress and why or why not the project achieved the targets/results)*
CYP provided in the targeted catchment locations (segregated as health facility and community).	TBD from baseline assessment.	Total 12,362 CYP (3,141 by CHVs and 9,221 in health facilities).	
# (and %) of health facilities with accreditation score > 90 on MNH, FP and EPI services.		-	Accreditation done in the last quarter of the reporting period by MoHSW. data will be available next quarter.
# (and %) of health facilities receiving at least three supportive supervision visits during the quarter	-	[8/8] 100%	For the last quarter only (July – September 2013)
# (and %) of health facilities who are FP complaint as per USAID regulation (using compliance check list).	-	-	Health facility compliance checklist will be utilized commencing in Year 2.
# and % of health facilities providing FP, EPI and MNH services.	7	[7/7] 100%	JDJ hospital does not provided EPI services.
% of eligible clients receiving ANC 4/1 PNC visit.	TBD from baseline assessment.	1,138	First PNC visits.
# and % of children under 1 year who received DPT1/pentavalent 1 and DPT3/pentavalent-1 and 3 vaccination. DPT1-DPT3 dropout rate.	TBD from baseline assessment.	DPT 1: 1,106(80%), DPT3: 1,132(82%) Dropout rate = - 2%	Review on going on EPI data to establish why DPT 3> DPT1. From the KPC survey, card verified DPT3 coverage was estimated at 69% and DPT1 coverage at 73%.
% of facilities with no stock out of tracer drugs during the period (amoxicillin, cotrimoxazole, paracetamol, ORS, iron folate, FP commodity, EPI antigens – DPT1/pentavalent 1 and DPT3/pentavalent-3).	100%	100%	FP commodities were not available in the last three months of the reporting period due to a national FP commodities distribution ban. Supplies were received at the end of the reporting period.
# and % of health facilities with staffing in EPI/MNH/FP as per the EPHS.	100%	[7/7] 100%	JDJ Hospital does not provide EPI services.
# (and %) of women who accept an FP method from same-day referral from vaccinator.	TBD from baseline assessment.	18	This activity was launched in September with referral tracking tools only provided around the beginning of September. Complete data will be available in the next reporting period.
# persons referred to EPI from FP service provider.	-	21	This activity was launched in September with referral tracking tools only provided around

			the beginning of September. Complete data will be available in the next reporting period.
% of women delivering at the facility who received PPIUCD.	0%	[66/1,138] 5.7%	Piloted at three hospitals.
# of health staff trained (segregated by type of staff and type (vaccination, PPIUD,LARC, FP Counseling).	-	125 health staff	Details in the training log annex XX.
# of mothers who bring their children for immunization each month.	TBD from baseline assessment.	769	
% of sampled women of reproductive age group (15 – 49 years) in the targeted communities with appropriate knowledge on MNH/FP/EPI.	TBD from baseline assessment.	Refer to the KPC Survey report for details.	Collected during the KPC Survey in July. Provisional results available..
# (and %) of trained CHVs who received a score greater or equal to a pre-determined minimum acceptable score on knowledge test	100% (IRC Pilot Data) 95% (IRC Pilot Data)	(86) 100% 24 (92%) – Injectable training	All the CHV passed training on awareness, condoms and pills. Out of the 26 CHVs trained on depo, 24 passed the test and 2 need additional follow up before they can be allowed to provide injectables..
# (and %) of observed trained CHVs who received a score greater or equal to a pre-determined score on the competency checklist	-	-	Indicator added in September. Competency checklist under review.
# (and %) of active CBFP CHVs who received at least one supervision visit every two months for CBFP.	100%	[62/86] 72%	Supervisions conducted in Monrovia were not documented appropriately. To be followed up in the next quarter.
# (and %) of CBFP CHVs with no stock-out of DMPA during the month.	100%	[0/86] 0%	There has been a country-wide stock out of FP commodities for over four months.
# (and %) of clients referred to health facility by CHVs for LARC methods during the month who received a LARC method.	-	113 referrals by CHVs for LARC.	Referrals have not been documented at the health facility level. This is in progress.
# (and %) of clients experiencing complications at injection site for DMPA during the month. # (and %) of CHVs with reported adverse events (needle sticks).	0%	0%	Indicator added in September. Tools developed to include the data elements.
# (and %) of injections with reported adverse events (medical or service delivery related) – Separated into clients and CHV.	0%	0%	
# (and %) of CHVs practicing acceptable waste disposal of needles as per MoHSW guidelines.	0%	-	Indicator added in September. Tools developed to include the data elements.

% of CHVs supervised on a quarterly basis.	100%	70%	During the commodity ban, supervision did not take place. In its place, monthly meetings were held to thoroughly review the reporting tools with the CHVs trained in Montserrado.
# of CHVs trained in general FP awareness; # of CHVs trained in condoms and oral; # of CHVs trained in injectables.	32	86 trained in FP awareness, condoms & oral pills. 26 trained in injectables.	Lofa County CHVs Depo training is still pending. It is scheduled for October 2013.
-# of CHDCs holding at least three meetings per quarter.	100%	[5/5] 100%	The three hospitals do not have CHDCs. Clinic CHDCs were able to hold at least one meeting every month for the last quarter.
# and percent of secondary school girls who become pregnant.	-	[40/2,030] 2%	
-# of quarterly review meetings held including PTA.	-	11	Three quarterly review meetings held in Konia, two in Fissebu, three in Gorlu and three in Barkedu.
% of secondary school girls with appropriate knowledge/Information on MNH/FP.	TBD from baseline assessment.	[1,176/2030] 58%	The headcounts show 2030 secondary school girls in the five schools. There are also 719 boys with appropriate knowledge on MNH/FP.
Number of school health clubs formed and active.	0	10/10 100%	
Number of peer educators trained in FP awareness.	0	50/50 100%	An FP training was conducted by PPAL in Zorzor in May 2013 for 50 peer educators.
Number of adolescents reached with FP messages by peer educators (in school and out of school youth).	0	1,705	(624 boys and 1,088 girls).
# and % of heath facilities conducting at least one school outreach visit per month.	0	[5/5] 100%	
# of secondary school students referred for FP/MNH services to the health facilities.	0	537	
% of target health facilities providing youth friendly services as per checklist.	0	[0/5] 0%	Youth friendly services training services and roll out planned for next quarter.
Number of adolescents reached with FP messages by health facility staff.	0	514	

Annex 5: Quotes and Stories from Year 1

1. **MNCH Experience and EPI Experience**

Saviour Nyenkoon's twin daughters were born healthy despite being in the breech position, thanks to the treatment she received at the IRC-supported JDJ Memorial Hospital in Liberia.

Saviour Nyenkoon: *"I am so thankful for the services offered, and for the staff who gave me such wonderful care."*

Fatmatta, a nurse at JDJ: *"Without the support of JDJ, this woman or her babies could have died."*

Grace, the FP supervisor at JDJ: *"The family planning program started at JDJ in 2011 and as a result of this important project the hospital is starting to see a decline in the number of abortion complication related deaths. More and more clients are coming for family planning. We had one women deliver at the facility, who returned for family planning and was supported by her husband who wanted to start planning their family. We are saving women's and babies lives.*

IRC RH Officer: *"During World Contraception day activities, so many clients come the commodities won't even last. We had a young women come for family planning, she received counseling and chose Jadelle. Later in the day this women's mother came to the facility. She was frustrated that her daughter has chosen to go on family planning. After the mother was counseled about the importance of family planning, she left with her commodity of choice – DMPA.*

Sam Kpessay, EHT/EPI Supervisor, Lofa CHT: *At the beginning of this program (FP), I had concerns that integrating family planning would have a negative effect on vaccination, but it has been a great help. Meaning that uptake is improving and reducing the dropout rate which is as low as 3%. I even saw a system where women coming for family planning services are now referred also for EPI services and verse versa; which is very good.*

2. **KPC Experience**

Gimoma, External Baseline KPC Consultant: "*In one community, a woman went to the CHV for injection [Depo] but the CHV was stocked out at the time so they referred the women to the nearest clinic, however the women refused to go to the clinic and waited for the CHV to get their supply. Confidence to go to CHV is being undermined by irregular supply – this needs to be addressed".*

David, External Baseline KPC consultant: "*The project is addressing the issues. It has come timely at this moment"*."*The opportunity to use CHV for family planning is a very good grass roots strategy to increase coverage roughly. Particularly for people they know and trust, which is different from the clinic staff they don't know or don't trust. It is a good way of dealing with these fears".*

3. CBFP - CHV Experience

Lloyd Smith, CHV Montserrado: "*I would like to thank IRC and the Government of Liberia for this program and support."*

Elizabeth, CHV Montserrado: "*I decided to become a CHV because my granddaughter died in child birth from a pregnancy complication. She was young and did not have access to information on family planning or the benefits of commodities. I conduct outreach, but often the community members come to my house at all times of the day and night to receive family planning. I feel confident in my ability to administer injectables. Even the community members say they feel more comfortable coming to me rather than going to the health facility. Liberia has so many maternal and child deaths and many of these deaths are preventable. Through this program, we are saving the lives of our sisters and mothers".*

John, CHV Konia Community, Lofa: "*The community welcomes family planning and when I receive my commodities, I have no problem distributing them throughout the community. The majority of women and men in this community now understand and accept family planning. The closest health facility is 2.5 hours walk. As long as I am provided FP commodities, the community members come. There is such a great demand for family planning".*

Jatuma Kamara, CHV Barkedu: "*For me, the training* [CBFP Phase 1 – pills, condoms and counseling] *we had was the best ever in my life. And I feel comfortable in providing family planning services in my community. Another thing is that, we are far away from the health facility which has been a burden for most of the women who wanted family planning; causing a lot of unwanted pregnancies. But with me being here as family planning service provider, the burden has been reduced greatly. Lastly, I don't have troubles in providing services because, the job aide given me is guarding me and very easy to understand".*

Daniel Fayiah, DHO Zorzor District Lofa CHT: "*This program especially the CBFP has brought a great relief to the community dwellers who want family planning. They do not have to walk three – four hours to the facilities just to get family planning. And on the other hand, the community dwellers have trust in the CHVs than 'us' the health professionals; especially when it comes to the issue of confidentiality and respect".*

Fofee Kamara, CHDC Chairman Barkedu: "*We love the community based family program because, it will help to reduce the high rate of pregnancy in our community. Another thing is that, our daughters who are ashamed to get family planning from the health facility because many people are there can easily get family planning from the CHVs without anyone else knowing. Our tradition forbids a woman of taking family planning without the consent of the husband. But she can easily get her family planning from a CHV who keeps her secrets".*

Mayanlay Dukuly, CM Zolowo: "*I love the CBFP program because it has increased our CYP greatly and the way this program is designed, I have the confidence that after the injectable training, the CHVs will be able to give safe injections".*

Elizabeth Kollie, CHV Monrovia: "*This family planning training composing of both pills and depo was very extremely helpful.There is a girl in my community by the name of Musu, who got pregnant and the boyfriend rejected her and the baby. After the delivery of the child, at six weeks post partum, I counseled her and she accepted IUD. She was referred to JDJ for IUD, She came back to me and said the IUD is great and that she will encourage all her friends to take IUD. Beecause of the myths about IUD causing harm to the body, many women are afraid to use the IUD. We are teaching women the truth about contraception so they won't be afraid".*

Oretha Liberty, OIC Duport Rd Montserrado: "*My collaboration with IRC made me to feel part of the family planning program, the supervisor and I do compilation of monthly report together, check the consumption of clients and we do the supply".*

Fatu,Client, Duport Road. "*I feel good that family planning is now in the community. Before the project it was really difficult to get family planning and when it was available it was very expensive. Now it is free and right in the community with us. I say many thanks to IRC and the government for providing family planning".*

J Karty Gaysue, CHV Monrovia: *"I feel very happy to be part of this important program and I am confident in my skills to provide family planning in my community and surrounding area. I am also happy that I am able to do the work well. I also feel good to refer women for LARC or other issues that shows that I know my limits and know who to refer".*

Mayanlay Fofana, Barkedu Public School, Grade 7 –*"I decided to become a peer educator because I know a lot of people who are really uneducated about safe sex, and I want to help to fix that."*

School Health Experience – A Success Story

Rebecca Flomo – At 15 was the primary care giver in her family, became a teenage mother and dropped out of school. She moved from Konia to Fissibu with her child and re-entered school after years of difficulty supporting herself and her family because she was unable to find a job. She engaged in risky sexual behavior as she did not have education or awareness on its risks. *"I was also trained to talk to people living with HIV, teenage mothers through the PPAL/IRC family planning program, I am now a peer educator who talks to my friends in the community about family planning HIV/AIDS and teenage pregnancy. Being involved as a volunteer with PPAL/IRC benefited me greatly. In addition to reaching out to my peers, my own life was also changed, because of the knowledge I acquired which helped me to change my risky behaviors."*

Annex 6: Photo Gallery

JDJ Community

IRC OB/GYN and MOHSW Physician Assistant deliver baby from mother who suffered from eclampsia. IRC OB/GYN provides training to health facility staff in emergency obstetrics, including PAC and family planning

CHV Montserrado injectable training (practicum session) – with FP champion providing supervision

Montserrado CHV's and IRC project team. Conclusion of the injectables training at JDJ

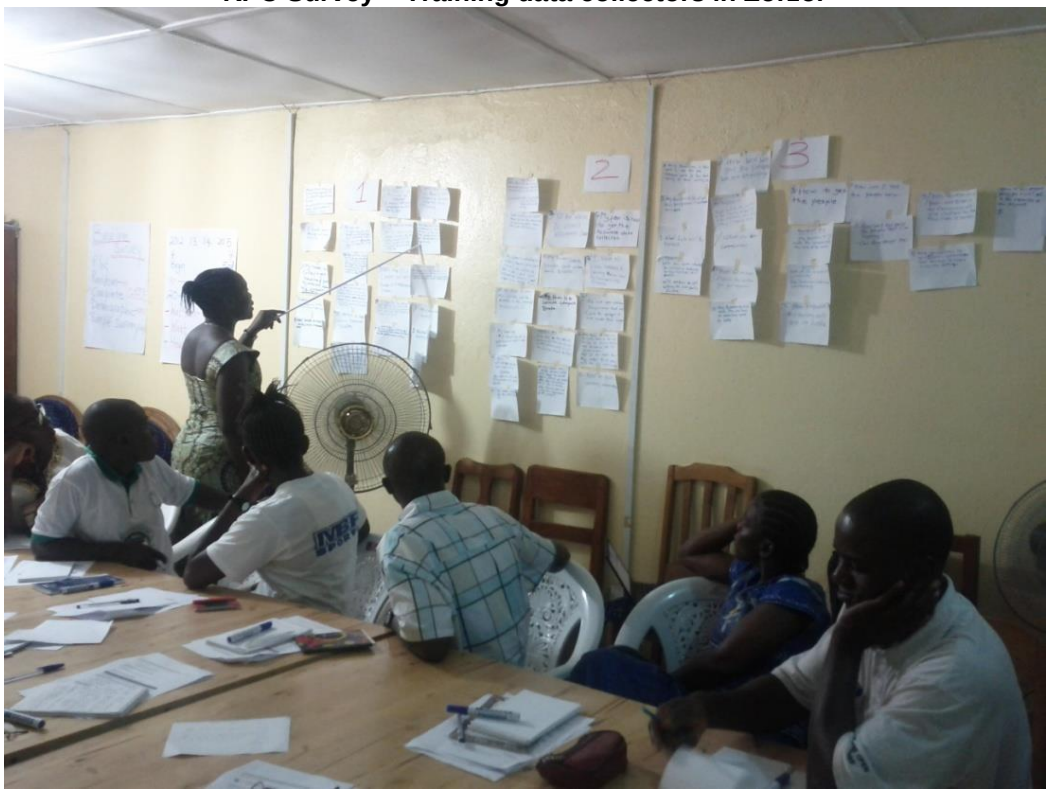
CHV training practicum – counseling women using the job aid

Lofa CHV training – Phase One

Family Planning Champions at JDJ Hospital

Lofa County – Some communities are only accessible via this 'ferry' crossing. Areas are also difficult to access during the raining season

KPC Survey – Training data collectors in Zorzor

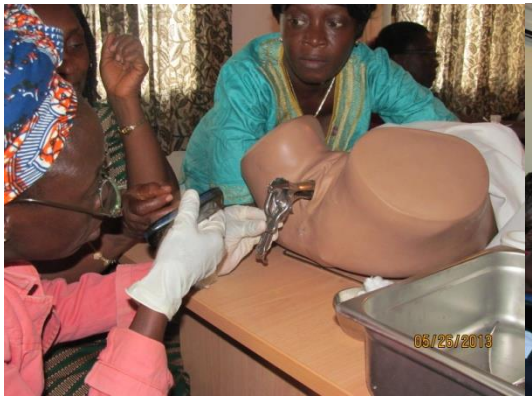


KPC Survey – data collection and FGD

School health – Peer educators

ASRH Community Awareness Raising in Lofa County with Peer Educators

LARC Training



Annex 7: KPC Technical Report